

*Starcross:
Out of the Mainstream*

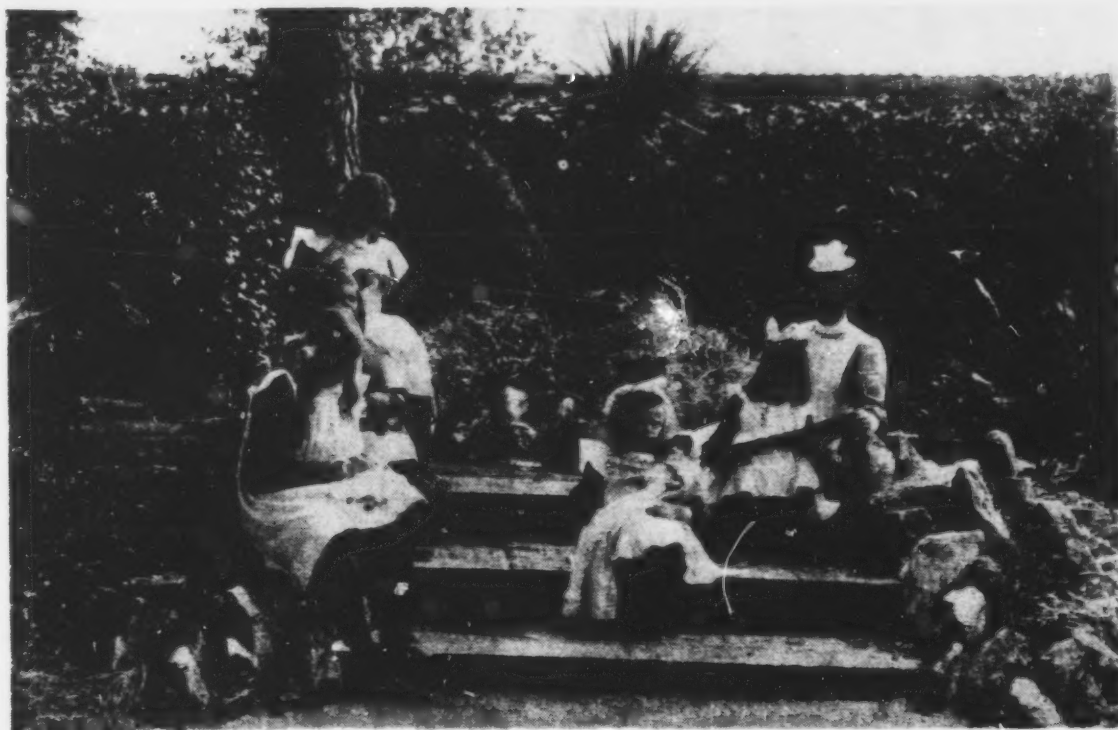


*by John P. Radford
& Allison Tipper*

Foreword by Michael Begab



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Starcross: Out of the Mainstream

Biographies

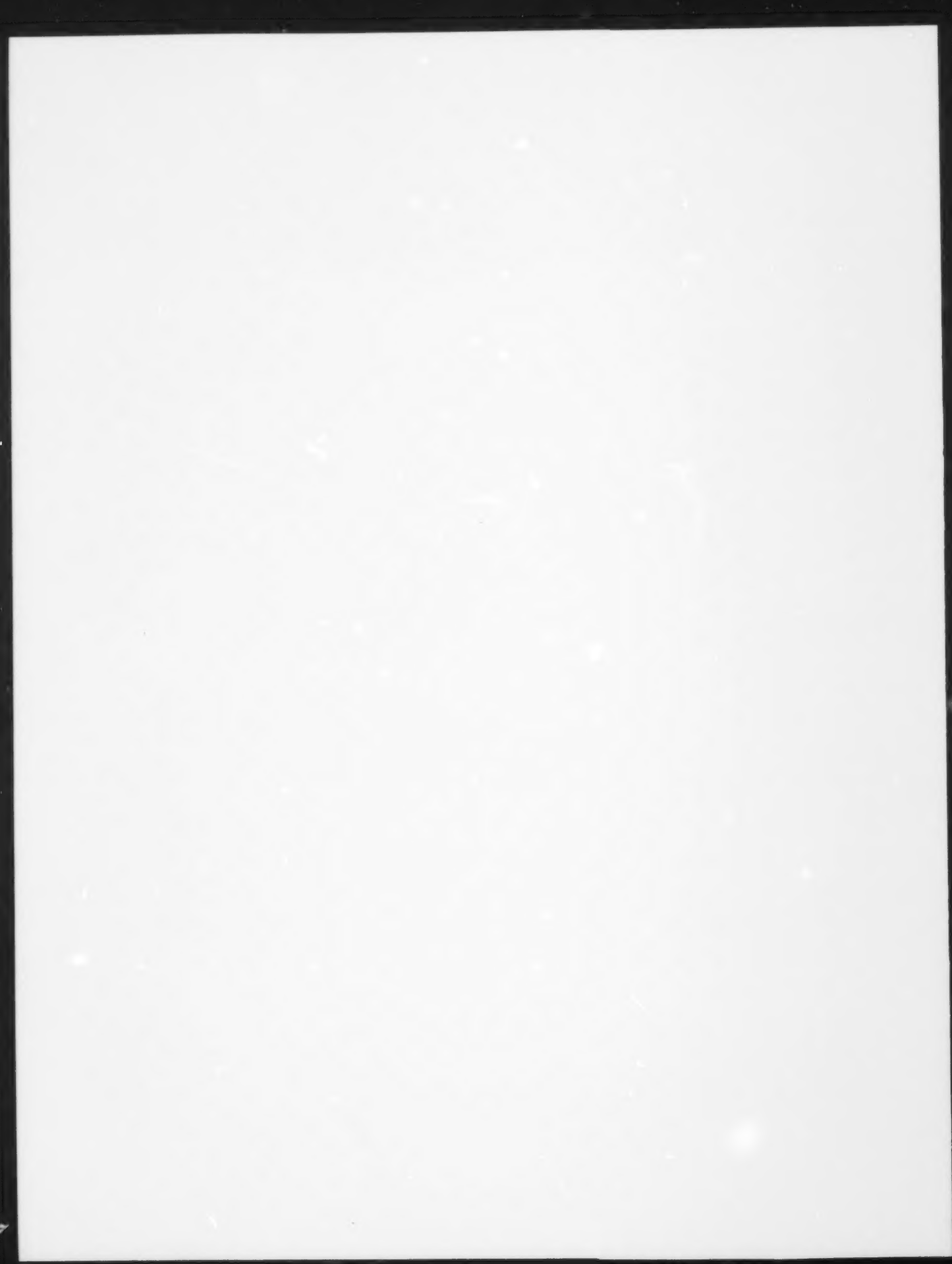
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Acknowledgements

*T*his is a study of a mental handicap institution from its founding in 1862 to the demolition of its buildings during the winter of 1986-87. The research is based largely on primary source materials unearthed from the cellars of the Victorian asylum. Our aim has been to analyze these sources and interpret them in the light of broader trends in social attitudes and public policy towards people with mental handicaps. What emerges is the remarkable story of an asylum which was founded to implement progressive education programmes, quickly adopting an entrepreneurial approach in attracting a carefully selected group of pupils, and being transformed during the interwar years into a warehouse for a variety of people regarded as social misfits.

The importance of this particular institution, known in its latter years as the Royal Western Counties Hospital, and located throughout its existence at Starcross in southwestern England, was in its role as one of the small number of asylums which date from the earliest phase of the movement to institutionalize people with mental handicaps. It is, moreover, one of the very few of the early Victorian asylums to have closed, thereby making its records readily accessible. Our challenge in writing this monograph has been the necessity of selecting from the rich vein of available sources: application forms, committee minutes, correspondence and so on. We have tried to include sufficient detail to capture something of the essence of the institution during various periods of its existence without losing sight of the broader picture.

The balance of opinion for and against institutions as appropriate settings for people with a mental handicap has altered radically over the last century and a quarter. We have in the course of this study been less concerned to judge Starcross from the perspective of 1988 than to evaluate its role within the historical context of rapid social change since the 1860s. The future of people with a mental handicap

lies in the community, but their past and much of their present remains locked in the institution -- not necessarily within the physical confines of "hospitals," "asylums" and "training centres" because only a minority were ever placed in such institutions, but bottled up inside the "asylum thinking" which dominated the attitudes of a previous age. The isolated establishments which gave these attitudes their most coherent expression deserve wide attention. Yet the broad social trends and relevant legislation which they reflect, though well covered in the literature of the history of mental handicap, are little known outside this narrow field. Moreover, local manifestations of these broad social forces as they changed throughout the asylum era have been virtually ignored.

It is impossible to understand past attitudes if we ignore the vocabulary of the times. The fact that such labels as "idiot," "imbecile" and "hopeless case" represent the biased assessments of a previous era make them as useful in studying the past as they are obsolete and inappropriate in the context of modern society.

We are indebted to Mr Peter Nutley, former unit administrator at Starcross, for allowing us free access to whatever records we could find, and leaving us free to interpret them however we wished. Tony Rowland, a nursing instructor with considerable experience at Starcross and the only person we know of to have explored its history, was helpful at various stages of the analysis. Mrs Yvonne Wood typed several versions of the manuscript, including the final draft, with great patience and efficiency. Publication was assisted by a grant from the Faculty of Arts, York University, Toronto.

Foreword

It is often said that the past is prologue and that those who choose to ignore the past are doomed to repeat its mistakes. This time-tested adage, which has repeatedly demonstrated its validity in all fields of human endeavour, has often been overlooked by professionals in the field of mental handicap. This has been especially true for the past 20 to 25 years. Overwhelmed by the scandalous and inhumane conditions in some large public institutions, by allegations of mistreatment and abuse, overcrowding and excessive use of physical and chemical restraints, activists, advocates and civil libertarians too, have rushed headlong to effect change.

And the changes have indeed been most dramatic. Many institutions in the U.S. and abroad have closed their doors. Others have greatly modified their physical structures and programs and the population they serve. Thousands of adults with a mental handicap are enjoying more fulfilling lives in the community; others have changed their places of residence but not their lifestyles; while others with social behavioural or emotional disorders have become clients of correctional or mental health systems. Some of the latter situations might have been avoided. They are the casualties of litigation, of court decrees imposing deadlines for deinstitutionalization, of preoccupation with rights to the exclusion of needs. They are also the victims of professional tunnel vision, a capacity to look only forward to where we hope to go, never to where we've been.

John Radford is a shining exception to this possibly harsh assessment of our failure to profit from the past. In fact, we are witness to what many observers, including this writer, would regard as two decades of remarkable change and progress. In this context, many would argue that the institutions are a relic of the past and an ill-

begotten chapter in services to individuals with a mental handicap. Yet *Starcross: Out of the Mainstream* makes a compelling and convincing statement that we have much to learn from a study of institutions in their historical perspective and that these lessons from the past have direct application to the present and the future for institutions and communities alike.

The study on which this book is based is an in depth profile of a single institution in England -- Starcross. Its sources of information were original documents, newspaper accounts, speech excerpts, legislation, etc. Through this in depth approach, the authors gain a perspective that seems to place them at the scene at the time in history it occurred. This affords greater insight and understanding into the motivations, behaviour and policies of management than is generally encountered in other historical treatises. While activities and programs may vary between facilities to some degree, the general purpose, philosophy and objectives of Starcross and its role in society could be generalized not only to other institutions (or "asylums," as they were called) in England, but to the U.S. as well.

In recent years, the book market and journals have been flooded with materials on individuals with mental handicaps in the community. Topics such as *Starcross: Out of the Mainstream*, concerned with the history of a single institution, are probably out of the literature mainstream. Yet it is a classic example of the primary form of care and treatment for people with a mental handicap for well over a century and thus deserves thoughtful scrutiny.

The principles of normalization and community living are well established and widely accepted, but the definition of the former and the nature and form of the latter clearly do not apply with the same invariability to all persons with a mental handicap. Where the medically fragile, behaviourally disordered, or completely dependent person needs the multidisciplinary talents more available in an institution than a community residence may be debatable, but for these and many other reasons, it seems very likely that such facilities are here to stay for some time to come.

According to Radford, this is one of the phenomena of the past we must study and learn from. How do we deal with labour unions, parents, government agencies and other powerful groups who wish to maintain the status quo? How do you develop alternative, less costly forms of care, especially for children with multiple handicaps and multiple needs?

We should also remember that institutions have changed significantly during their long history in response to varying social forces. Thus, at different periods in time they have been educational, custodial or rehabilitative in outlook, depending on new knowledge, societal attitudes, and even world events. To mention just a few: the pioneering, optimistic but ultimately ineffective educational efforts of Séguin and Howe; the development by Benet of the IQ test and the first time identification of millions of low functioning males in our society; the pedigree studies and the period of eugenic alarm; the employment of adults with a mental handicap during World War II and the emphasis of post-war rehabilitation programs. All of these events in turn affected admissions to and discharges from institutions, the character of the remaining population, and service programs.

Community facilities and services are no more immune to social influences as the

primary resources for persons with a mental handicap than are their predecessors. Some group homes and board and care facilities under private, profit-making ownership have already come under severe criticism, demonstrating much of the regimentation and restrictiveness associated with "bad" institutions. Once the preferred choice of placement in certain states, they have now given way to foster family care with consequent problems of greater dispersion and supervision.

Community service for persons with a mental handicap antedates the deinstitutionalization movement by many years. Earlier efforts, however, were very selective. High functioning persons were trained in preplacement units and then supervised closely in "half-way" houses or domestic home/foster care placements. Always, attempts were made to match the resident with a mental handicap to an appropriate work and home environment. People labelled "moderately retarded" were placed in less complex, less demanding environments.

Today, persons with severe and profound mental handicaps are being placed in community settings. Their needs are great, care can be very burdensome, and not all caretakers are up to the task. Because the residents of most small community residences are homogeneous in character, functional variability among residents would not pose a problem; however, these facilities do have serious problems of staff "burnout" and staff turnover. Staff rotation to different homes under the same agency's jurisdiction could prove a solution for some and training could be the means of quality control.

It may be well to note that most of our knowledge and expertise in the field of mental handicaps, except for recent years, has come from the institutions. The early superintendents formed what is now the AAMR (American Association for the Mentally Retarded). Educational techniques for persons labelled "educable" and "trainable" were pioneered there. Community placements and supervision were initiated by institutional social workers. Biomedical research of many kinds, including the use of psychotropic drugs, was conducted. And, in addition to these illustrative activities, staff shared its expertise and knowledge with the community as trainers for nursing, social work and other professional disciplines.

Starcross: Out of the Mainstream is not a defense of institutions; neither is it an attack against them. It is, instead, an insightful balanced perspective on their place in the history of mental handicaps. Yet, while he cannot hope to tell the full story, John Radford has thrown down the gauntlet to every thinking professional. Community services are the order of the day, but if we are to assure forward progress, we must not forget the lessons of the past.

Michael Begab, Ph.D.
July, 1988



Introduction

*I*n an age when public policy towards people with mental handicaps is dominated by the idea of "normalization," large segregated institutions are viewed with wide disfavour. Indeed to many who work in the caring professions and in the voluntary sector the old asylums seem to epitomize everything that was misguided about the attitudes of previous generations. Current opinion favours the provision of as normal an environment as possible, and a recognition of the normal rhythms and stages of life, thereby affording people with a mental handicap the best opportunity to fulfill their potential. The emphasis has turned away from isolation, whether for the supposed benefit of mentally handicapped people or for that of society as a whole. It now advocates their integration into the mainstream of life, where most, if not all, will be able to take advantage of the stimuli offered by new environments, while enjoying an enhanced quality of life and achieving a degree of independence through exposure to "the dignity of risk" (Wolpert, 1980).

The influence of this new paradigm has been steadily expanding for two decades. A series of asylum scandals and legal cases in Britain and North America precipitated a turning point in the predominant view of mental handicap between 1969 and 1975, thereby giving normalization ideas a powerful boost. In Britain the Howe report of 1969, which investigated allegations of mistreatment of patients at Ely Hospital in Cardiff, amounted to in the words of the Secretary of State for Social Services "a tremendous indictment" of the mental handicap sector of the health service (Crossman, 1977). In the same year Pauline Morris published *Put Away*, a study of several of the British mental handicap institutions, which documented a sad story of isolation, neglect, overcrowding and mistreatment (Morris, 1969). Mental handicap became, if

only briefly, a significant political issue in Britain, and policy directions became established in the White Paper of 1971 which gave qualified acceptance to the principle of normalization. In the United States the pace was set by the President's Committee on Mental Retardation. Though dating from the Kennedy administration, its recommendations bore fruit in the early 1970's with new Congressional appropriations and court cases establishing education and employment rights. The Willowbrook, New York scandal in 1972 added momentum to the de-institutionalization movement. In 1969 the President's Committee published a collection of essays on alternative residential services, which included a paper on normalization by Bengt Nirje describing the Scandinavian experience (Nirje, 1969). Three years later the Canadian National Institute on Mental Retardation published Wolfensberger's landmark study which drew together the various strands of normalization experience, including the Scandinavian, into a coherent statement of principle (Wolfensberger, 1972).

Normalization quickly made inroads into the thinking of concerned activists in many parts of Western Europe and North America. Although the new ideas had some impact on existing segregated institutions, (Gunzburg, 1970) there was never much doubt among the reformers that true normalization was incompatible with institutional living. Efforts were made to reduce the numbers of new institutional admissions, especially children. There were also sporadic attempts to de-institutionalize some of the long-term residents of large facilities and to establish housing for them in ordinary neighbourhoods. Some institutions have been closed. The process has continued, at varying rates in different areas, throughout the 1970's and 1980's, being particularly rapid in the United States where 24 institutional closures took place between 1970 and 1984 (Braddock and Heller, 1985). These developments have not escaped controversy, but much of this has stemmed from frustration over inadequate levels of housing and service provision and not, in management circles at least, from a desire for a fundamental reversal of policy. While advocates of normalization often regard the pace of change as agonizingly slow, the direction of the transformation is not in doubt, and its philosophical underpinnings are firmly established.

Given these advances, is it now time to draw a veil over the era of the asylum? Should these institutions be regarded as no more than anachronisms, the attitudes which produced them as simply wrongheaded, both to be dismissed and forgotten? The answer is surely "no." Three sets of reasons can be advanced to demonstrate the importance of subjecting the asylum experience to serious study: the continued persistence of institutions and the inertia of the administrative structures which envelope them; the need for a context within which the main actors in the reform movement may structure their own experiences; and the necessity for conducting an objective evaluation of the asylum on its own terms and assessing its role in the fabric of our social history. Each of these may be considered in turn.

However much we would like to believe that the age of the asylum has passed, the truth is that large institutions will be with us for many years to come. Except in a few jurisdictions which have adopted active mainstreaming policies, powerful forces continue to act to perpetuate the status quo. The most important of these are the attitudes of various groups. Although advocates of reform are all but unanimous in accepting the tenets of normalization, a diverse range of attitudes prevail outside this

relatively small circle. Indeed strong cases have been made on both sides of the Atlantic during the last three years for a continuing role for the mental handicap institution in the foreseeable future (see for example: Great Britain, House of Commons, 1983; Crissey and Rosen, 1986). While several government agencies have embraced the new philosophy and have brought about transformations in their mental handicap service programmes, in some jurisdictions reformist pressure has been accommodated by the introduction of ostensible reform packages which turn out to be mainly exercises in cutting costs. The upkeep of old and dilapidated asylums has often been seen as an unfortunate drain on state, provincial or national budgets. Combined with antipathy to institutions emanating from within the handicap service sector itself, this has sometimes produced strong pressure for closure. One consequence, in combination with a parallel and much larger trend in the mental illness sector, has been the creation of what Dear and Wolch (1987) have called "landscapes of despair" in major urban areas. Ideally, the emphasis should be on developing alternative housing and service delivery systems while leaving the institutions to wither on the vine. But this requires the operation of parallel facilities over a period of years, often at prohibitive cost. It has now become clear that no programme of community care is likely to reduce costs either in the short or long term, and this realization has given rise in many areas to renewed bureaucratic caution.

Even where the cost question has been resolved, governments which attempt structural changes encounter further obstacles. Labour unions often find themselves in an adversarial position especially when de-institutionalization is accompanied by increased privatization of care, and employment of non-union labour in alternative facilities. Families of institutional residents are not necessarily supporters of de-institutionalization if they have transferred responsibility for the care of a former dependent to the state, perhaps several years previously. Opposition also tends to emanate from neighbourhoods which have been selected as locations for alternative housing. Research findings that group homes have little or no effect on adjacent property values have not succeeded in dispelling the myth that such facilities jeopardize the safety and attractiveness of the neighbourhood, so that community opposition is frequently vociferous. Such constraints have combined in various ways to inhibit change and postpone the demise of the large institution. It is much too soon to dismiss the asylum as irrelevant. Surviving institutions need to be managed as humanely as possible, and this is unlikely to be accomplished by managers who are ignorant of the past, however preoccupied they may be with immediate issues.

A second reason for resisting the temptation to sweep the asylum experience under the carpet is that even the most progressive jurisdictions are still in a pioneer phase in the development of community living and the provision of community care for people with a mental handicap. It was suggested a decade ago by a group of researchers in the United States that the movement towards small community-based facilities was little more than "a large scale, poorly controlled experiment" (Landesman-Dwyer et al, 1978). This observation remains valid today. There is a need to come to terms with the asylum era, from which we are only now slowly emerging, through a framework by which it can be understood. The reform movement is weakened if it has no sense of the past. Armed with some appreciation of previous ideologies, advocates of reform

are likely to find themselves more in tune with the real needs of people with a mental handicap. This is true also of staff, both those who are making the difficult transition from institutional to community work and a new generation of professionals with no experience and little understanding of the routines of institutional life. A similar (if necessarily more diluted) sense of the past might also be expected to have some effect among the general public. Neighbourhood residents are more likely to tolerate a group home in their area if they understand that citizens with a mental handicap do not "belong in an institution," and that institutions, far from constituting the norm, represent but one phase in the history of their society's treatment of this group of people.

The components of a framework of the asylum past are described in Chapter 3. At its simplest it involves a cycle of events taking over a century to complete. This cycle is most aptly, if rather intelligently, described as institutionalization/de-institutionalization, starting out in the 1850's and beginning to move towards completion by the 1960's. It is not always appreciated that the pioneers who ushered in the age of the asylum were motivated by a spirit of reform similar to that which guides many of today's activists. We have much to learn from the reasons why their venture turned sour.

A third reason for exploring the asylum's past is that it is an integral but much neglected part of our social history. As such, it deserves to be evaluated not just through the filters of current opinion but on its own terms. Many of the highly negative impressions which dominate today are reactions to the relatively recent past. The scandals of the 1960's and early 1970's loom large, and for good reason. Subsequent investigations exposed a long drawn out deterioration of standards reflecting policies of neglect and repression which had held sway for a number of decades. Yet to project these circumstances back in time as far as the Victorian era as is often done (at least implicitly) is to do some sort of violence to history.

The asylums and the attitudes which embraced them need to be evaluated in their own right. They should be viewed within the context of social change, using the perspectives of history and social science. They were not unchanging monoliths, but cultural artifacts which altered in response to evolving ideologies of mental handicap. Because of this, a serious exploration of their social role will not only allow us to be more objective about the asylums themselves, but will also enrich our understanding of social history in general. The basic issues which need to be explored - the motives of the innovators, the ways in which they discharged their responsibilities - such issues should interest not only those whose "field" is mental handicap, but the broader scholarly community.

The point is well appreciated in several closely related areas of study. There is a growing literature on the social role of other kinds of institutions such as workhouses and mental illness asylums. Some of that literature is relevant to our topic, but we should beware of transferring conclusions from one area to another without close scrutiny. One should be particularly careful in drawing parallels between mental handicap and mental illness because of the widespread confusion which exists between the two even in relatively well-informed circles. The general public is often hopelessly confused over the distinction, and for this the media must take much of the blame. One

recent case provides a graphic illustration. When in April 1987 it was officially admitted that several relatives of a member of the British royal family had been institutionalized at the Earlswood Hospital (a mental handicap facility) much of the press coverage implied that mental handicap and mental illness were synonymous, and some North American reports included irrelevant historical detail on the mental instability of George III.

This confusion is one of the reasons why recent reforms have included attempts to alter accepted terminology. While "mental handicap" remains the most widely recognized term (having largely replaced the more deterministic "mental retardation") many now prefer "developmental handicap" or "intellectual impairment." The Victorians offered clear semantic differentiation by contrasting "idiocy" with "lunacy" thereby retaining a distinction which had gained legal recognition in England during the medieval period, but the distinction was blurred by misdiagnosis and faulty etiology.

Our concern in this study is exclusively with institutions for people with a mental handicap or, in Victorian terminology, with idiot or imbecile asylums. The existing literature in this field is sparse in comparison with that on workhouses and lunatic asylums, but some recent work has begun to correct this imbalance. For example Gelband (1979) has studied the asylum inception period in England in considerable detail and Philo (1987) has tabulated, mapped and evaluated the role of individual asylums. Some general accounts also exist for the United States (for example Baumeister, 1970; Tyor and Bell, 1984, and Scheerenberger, 1983) but they are based on rather limited empirical evidence. Two important findings emerge from this literature. The first is that the asylums experienced several phases of development, broadly reflecting wider currents of social and intellectual change. Secondly, these phases were felt internationally, and there is a broad correspondence in the timing of the phases in several countries in Western Europe and North America. This is particularly true of the inception phase of the 1850's and 1860's when asylums of this kind were first constructed. The process was one of diffusion, with the major proponents being in contact with each other.

Several questions arise from these general findings. Who founded the asylums and what were their motives? Who managed and staffed them? How were they financed? To what extent did the state regulate their operations? What kinds of admissions policies did they have? Where did their pupils/patients come from, what were their disabilities and how were they treated? Above all, how did these factors change over time and how did these changes reflect changing ideologies of mental handicap?

Recent work such as that cited above, in re-evaluating the traditional accounts of authors such as Tredgold (1906) and Davies (1930), is beginning to provide some general answers to these questions, and Gelband's work is particularly illuminating on the role of the Earlswood asylum. What seems to be required at this point is the study of other specific situations - not idiographic case studies, but detailed local investigations conducted within the context of an emerging general framework. The major problem is a lack of data - a frequent obstacle in historical study, exacerbated in this case by questions of political sensibility and confidentiality. Authorities may

be more willing to allow access to the records of institutions which have closed, but few of these date back to the mid-nineteenth century asylum-building period. Of the 24 institutional closures completed or in progress in the U.S. investigated by Braddock and Heller (1985), for example, only one appears to qualify. The remainder are later facilities, often converted military bases and the like with little to offer the student of the asylum era as a whole.

A rare opportunity is provided by the closure in May 1986 of the Royal Western Counties Hospital at Starcross near Exeter, one of the handful of "idiot asylums" founded in Victorian England. For the peak years of the late 1960's the Hospital Yearbook was listing close to two hundred "subnormality hospitals" in England. Several of them occupied buildings dating from the nineteenth century or even earlier. However, like their American counterparts, these were mostly structures which had been built for other purposes - military bases, workhouses, insane asylums, or large mansions. Also, while public authorities were involved in a few early projects, such as the Metropolitan Asylum Board's Darenth Training Schools, major local authority developments occurred after the turn of the century, and especially after 1913. By contrast, five purpose-built charity institutions participated in the institutionalization/de-institutionalization cycle from its inception during the reformist phase in mid-century up to the current era of normalization: Earlswood, the Eastern Counties Asylum, the Royal Albert Asylum at Lancaster, the Midland Counties Asylum at Knowle and the Western Counties Asylum at Starcross. All were established in the 1850's and 1860's as part of an international movement to educate idiots, and all were caught up in ensuing shifts in mental handicap ideologies as these altered drastically over the ensuing 120 years. The closure of Starcross represents therefore, not just the demise of yet another mental handicap facility, but an event of considerable significance in the history of mental handicap in general.

When the estate agent's *For Sale* sign went up at the entrance to the Royal Western Counties Hospital in February 1986, it signalled the passing of an era. The hospital buildings were already little more than empty shells, housing some 50 patients where once there had been almost a thousand. Only a handful of staff remained. In the hospital grounds the gardeners continued to tend the shrubs and flower beds, in defiance as much of modern public policy as of the cold easterly winds blowing off the Exe estuary. Yet, as the first group of prospective purchasers began to tour the property, it seemed unlikely that the hospital buildings, still less the gardens would survive another season.

The previous 122 years had seen at this site the local implementation of the institutionalization/de-institutionalization cycle. This was shared in part with countless other institutions, but relatively few of the oldest institutions have completed the full cycle. The asylum at Starcross had been opened in 1864 to cater to children with a mental handicap of the Victorian poor. Now, under the leadership of a health authority firmly committed to the ideals of "care in the community" it was in the vanguard of policy implementation in England. As Tony Day, Secretary of the Exeter Community Health Council, told a House of Commons committee in 1984, "Exeter is getting on with the job that most others seem to be only talking about . . . it is fashionable to *talk* about Closing the Hospitals' in ten years' time, not to *do* it in two or three years." (Day, 1984).

By the end of May, in accordance with the closure plan, the last patient had been moved out. Later that summer the site was sold, and by January, 1987, delayed only by a concern for the welfare of some bats discovered in its attic, the Victorian building and its various extensions had been demolished to make way for a housing development.

Many of the hospital records fortunately survive. Their analysis serves to give a picture of a major institution in all phases of the asylum era. The records also provide evidence of how this institution was affected by wider trends, both national and international.

We begin with a cross-sectional portrait for the year 1903 in which we attempt to convey something of the feel of the asylum. A general framework is then evolved, followed by a chronological study of the asylum's career, and the work concludes with an overall assessment.



A Portrait of Starcross in 1903

Comparatively few, as they speed past in the trains of the Great Western Railway, know what means the large well proportioned building just outside Starcross Station, standing back from the road amid well-laid-out grounds, and commanding a fine view of the beautiful estuary of the Exe. (*Devon and Exeter Gazette*, April 25, 1903)

On a spring morning in 1903 a correspondent from the *Devon and Exeter Gazette* left the Great Western Railway station at Starcross and made his way down the narrow village street towards the Western Counties Idiot Asylum. Having entered the grounds, apparently with some trepidation, he was soon in the capable hands of Mr Locke, the Superintendent. Ernest W. Locke, who had succeeded his father William Locke in this position in 1899, had been associated with the asylum for most of his life. He was proud of it, and delighted in conducting visitors around the buildings and grounds, impressing them with the neat and orderly environment, the commitment and devotion of his staff, and the healthy and happy responses of the children to a regime of "kindness but firmness."

The asylum, which had opened in 1864, was one of five major charitable residential institutions for people with a mental handicap established in England in the mid-nineteenth century. By 1903 it was approaching its zenith. This is not to say that it had even begun to reach the staff and patient levels which subsequent years were to bring (indeed the total community numbered only about 300 people), nor to claim that its resources and programmes began to contract after this point. Rather it

is to suggest that between the turn of the century and 1914 the asylum came closest to fulfilling the promise of its original mission - the goals established at its foundation.

By 1903 the central buildings were largely complete, and included a recently constructed hall for drill and gymnastics, and a brand new steam laundry, about to become operational. The Management Committee could report that the Institution was on a firm financial foundation, although the new income tax was a nuisance. Most important of all, the statutory framework governing mental handicap in England left the asylum free to conduct its affairs more or less according to the vision of its own officers. Since 1886 it had operated under the comparatively straightforward provisions of the Idiots Act. The Lunacy Commissioners continued to be responsible for its inspection, but idiot asylums were on the fringe of their responsibilities. In any case, the inspectors invariably found conditions at Starcross more than satisfactory, and confined their recommendations to rather minor improvements.

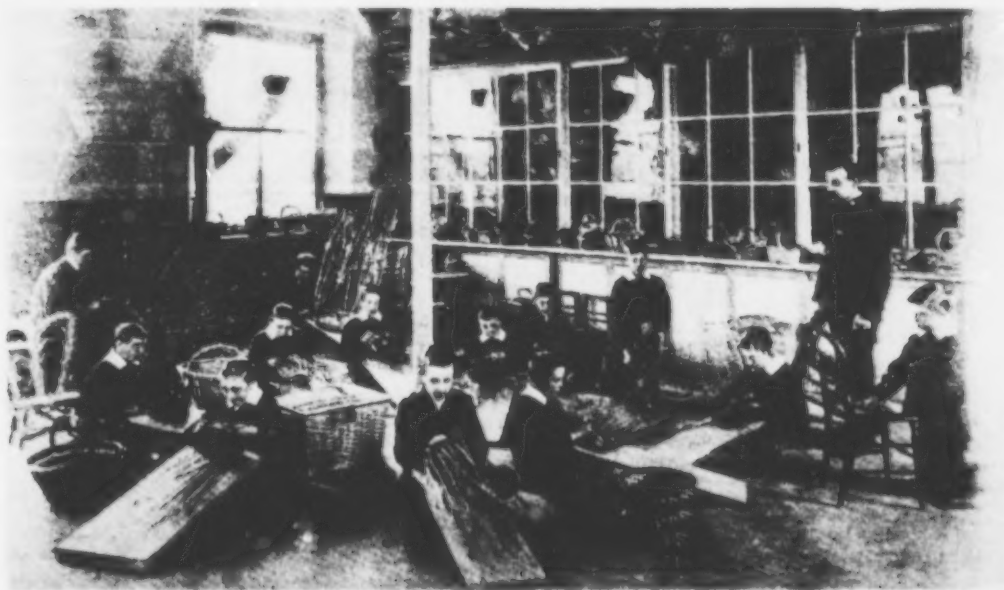


Starcross in 1903

No single year can be taken to mark the peak of the asylum's existence as a largely self-governing institution. It was free up to 1914 to set its own admission policies and codes of conduct, and its activities did not alter very much until it was affected by the dislocation brought about by the First World War. But as early as 1904 storm clouds appeared on the horizon in the shape of the Royal Commission on the Care and Control of the Feeble Minded. Between 1904 and 1908 the commission was to become a national sounding board for those who saw in the feeble minded a threat to the social order. The eugenics movement would succeed in making control of "mental defectives" an issue in the election of 1910 and, despite some legislative setbacks in 1912, would

influence the Mental Deficiency Bill of 1913 which introduced a central Board of Control and compulsory certification. This would in turn transform the voluntary institutions.

All of this must have been very remote from the minds of the two men touring the Starcross asylum in April, 1903. The *Gazette* correspondent was delighted to find "an air of cheerfulness pervading the whole building." In the boys' wing he encountered specialised workshops in which small groups of boys were engaged in woodwork and bent ironwork, producing articles of excellent quality. In another shop, chairs of such good quality were being produced that orders were coming in from all over England. Shoe-making, tailoring, basket-making, mat-making, sash-cord making and brush-making were all in evidence in the articles on display. Moving to the girls' wing, the reporter found here too an atmosphere of productivity. The most highly skilled girls were making Honiton lace and straw hats. Others were engaged in various kinds of needlework or knitting. Laundry-work and numerous other domestic chores were also being undertaken by the pupils. The correspondent was then conducted by Mr. Locke along "large well-lighted corridors adorned with ferns and plants" to "a suite of dormitories which would put those at public schools to shame." The whole building he found "spick and span" from one end to the other, and occupied by "a company of neatly-dressed, bright, healthily-occupied children."

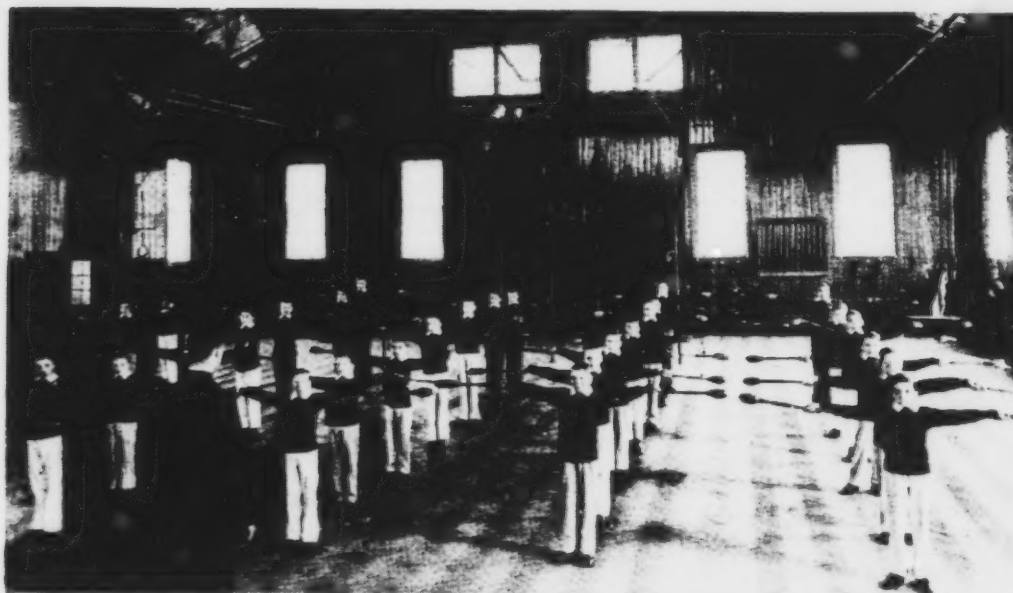


Basket-Making Class in 1903

Moving outside, the reporter was impressed by the farming activities of the pupils who cultivated fruit and vegetables and looked after "poultry, two cows and 20 pigs".

But most impressive of all was a display of gymnastics and musical drill by the pupils. The drill was a recent innovation which had proved a great success in the previous 18 months, "Mr Locke finding it most valuable in the cultivation of habits of obedience, promptness, and in the development of physique."

Several aspects of this journalist's report are worth commenting upon. One striking feature is a tone of condescension adopted towards the pupils. At one point they are described as "this company of little mortals" with "not an unhappy face among them." This may partly reflect the attitude of the Superintendent, but Locke's philosophy went much deeper than mere paternalism, and involved a firm commitment to the notions of "moral treatment." The tone would certainly have gone down well with the *Gazette's* middle class readership, who would be reassured that the Asylum housed "little unfortunates" rather than dangerous cases. This would suit Locke, whose position still depended to some extent on voluntary donations from the local region. Although most of the Institution's revenue came from the Boards of Guardians, it remained important to get a "good press" among potential benefactors.



Physical Drill in 1903

Whether this extended to any significant interaction between the Asylum and the wider community is less clear. The official policy of the Asylum at this time was to allow visitors on Mondays, Wednesdays and Fridays from 2 to 5 p.m. Visits outside these hours were allowed for friends of children who were sick. Many Poor Law guardians are on record as paying periodic visits to those of their charges whom they had placed in the asylum. Official inspectors also visited at least twice a year. In 1903 the Lunacy

Commissioners saw every inmate listed on the books, except one who was in hospital. As usual they noted the generally robust and healthy appearance of the children, and the care with which they were being trained. They observed the children at work in their various trades, performing drill and gymnastics, and finally being served a dinner of "hot meat with two vegetables, followed by rice pudding." Several other visitors were received that year, including Charles Caldecott the Medical Superintendent of Earlswood Asylum, and representatives from several Boards of Guardians. All published comments were complimentary.

For all this, the world of the asylum was a relatively closed one. The *Gazette* reporter observed that the children "evidently looked upon me as a curious being who had no right to be present," and it seems unlikely that such visits were an everyday occurrence. Neither is there much evidence that the children ventured far beyond the Asylum grounds. Sometimes a group of children would be treated to a theatre matinée in Exeter, or a puppet show somewhere in the vicinity. Small parties also went for walks on Dawlish Warren. But these were special treats for selected children. The majority, once accepted by the Asylum, spent all of their time within its bounds until one day they might, for good or ill, be discharged into the world outside.

The most fundamental question raised by the *Gazette* report, however, concerns the identity of the children themselves. In attempting to discover what they were like we find ourselves close to the heart of the asylum's philosophy and *raison d'être*. If the *Gazette* correspondent's initial apprehension had been prompted by visions of the kind of person he might encounter during his visit, he need not have worried. The



Honiton Lace Makers in 1914

"inmates," all of them children or young adults, while handicapped in varying degrees, provoked optimism rather than embarrassment or pity. There were no "hopeless cases" at Starcross in 1903. On this point the correspondent faithfully reiterated the party line: "It is easy to see that the presence of hopeless cases would be altogether detrimental to the other children."

The original motion adopted at the founding meeting in November, 1862 had clearly established the purpose of the Asylum as "an Institution for the reception of those idiot children of the poor, who shall appear likely by careful treatment to be capable of mental improvement." From the very beginning then, the emphasis was upon the training and education of such pauper children as were judged to be capable of benefiting from special instruction. Epileptics, deaf-mutes, the blind and the insane were ruled ineligible from the outset.



Tailoring Class

By 1903 the admission standards were still more exclusive. We are fortunate that the surviving records of the asylum include application forms submitted for successful applicants over a period of years, and (even more valuable) applications *declined* between 1899 and 1905. A comparison between the successful and unsuccessful applicants for 1903 is instructive.

The application form for the asylum was a double sheet of foolscap set out with printed questions and adequate space for detailed written comments, and was intended for completion by a medical practitioner on behalf of the child. The questions were designed to elicit as much information as possible about the applicant's physical health, intellectual development and potential, behaviour patterns, family back-

ground, and ability to carry out everyday tasks. Reading and writing competence, speech, counting, colour recognition, understanding of instructions, and ability to run errands were some of the specific areas on which comments were solicited. The Annual Report for 1903 gives 43 as the total number of children admitted, although only 24 of the original forms can now be traced. In addition, 36 forms of "applications declined" still survive for this year. Of the 24 accepted, 15 were boys and 9 girls, with an age range between 5 and 15 and an average of 10. Of the 36 declined, 23 were boys and 13 girls, with an age range between 5 and 18 and an average of 11.

In only a handful of cases is the reason for refusal explicitly given. The word "epileptic" is written on the outside of one of the forms, for example. In most cases it is the whole profile of the applicant which marks him or her out either as a suitable candidate for admission or a potential misfit. The major differences between the successful and unsuccessful candidates lie in the areas of physical health, behaviour, and capacity for improvement.

The physical health of those accepted was nearly always good. Doctors' responses were either in the form of favourable comments (for example "sight good") or else were confined to a tick or check mark. In one case "slightly deformed fingers" were noted. By contrast, physical health problems are prominent in fully one third of the applications declined. Doctors' comments on these forms include: "little strength," "cannot walk," "unable to walk or grasp things," "dragging foot," "skin diseases," "no power in back or legs," "somewhat spastic," and "vision defective." In addition, despite the ineligibility of epileptics, some applicants are noted as being subject to fits, or having been so in infancy. Incontinence also appears to have been a significant negative factor. Several of those rejected were described as "not clean," "filthy," or "very incontinent." Most of those accepted were "clean," but one otherwise fairly strong applicant who was "clean with lapses," and another who, although 11 years old, "occasionally wets bed," were both accepted.

Children reported as having behaviour problems had difficulty in gaining admission. One 5-year-old girl with a "silly look," given to screaming fits and characterised as "vicious," was probably ruled out immediately. Another of the same age who was not only incontinent but "slaps the other children . . . [and] screams when left alone" was also clearly unsuitable. Judgements such as "quarrelsome," "bullies little children," "some temper" and "can get angry and throws things about if crossed" also appear to have been influential in the refusal of the respective application.

Those whom doctors judged to have a capacity for "training and improvement" stood the best chance of being accepted. "Low learning capacity," "very little improvable," "no memory" were all grounds for refusal, especially in the absence of favourable comments on physical health and behaviour. On the other hand, "sufficient intelligence to be taught," "fairly intelligent and understands everything that is said to him," and "wishes to be taught" all greatly strengthened the application. Ability to read and write was not crucial, which is not surprising in view of the low ages of many of the applicants, and the emphasis placed on suitability for occupational as well as educational training. Speech problems, however, appear to have been a significant factor in the decision to accept or reject.

Three provisional acceptances are particularly revealing. One 7-year-old boy who

had been "epileptic once or twice a year ago" was to be admitted in 6 months if no further fits occurred. Another boy of 11, "clean" and with a "bright look" but "fond of kicking," was admitted on probation. And a 7-year-old girl who had experienced fits when a baby, and was described as "spiteful," "tiresome" and with a "bad temper," was nevertheless given probationary admission on the strength of an "acute intellect" which allowed her to read, write, and count up to 40.

The application forms show that the Superintendent was looking for children with a minimum of health problems, some intellectual ability and above all a capacity for improvement and training. Children who were "willing" and "useful" were deemed particularly suitable. One successful applicant was described as able to "find his way about town or go for errands for his mother when the shop is described to him by *what is in the windows*." Such an observation gave Locke evidence of competence and capacity which he was looking for in an applicant. After all, his ideal pupil came to him with an unrecognized potential which could be awakened by the intensive instruction and orderly regimen of the asylum, leading to graduation and gainful employment in the world outside. Complete success was achieved in only a minority of cases. Of the 42 pupils discharged in 1903, three went on to support themselves independently, 9 went to productive work under supervision, 2 were discharged because they became subject to fits, and the remainder "had derived as much benefit as they were capable of receiving, and were discharged to make room for younger and more hopeful cases." (Annual Report, 1903).

Since a pupil could be discharged because of lack of progress at any stage, all acceptances were in a sense probationary. As the Gazette reporter observed of a room full of children engaged in buttoning clothes and lacing up boots, "it is while they are at work in this room that the children are classified, and any who are found to be helpless of real improvement are subsequently weeded out." There is, of course, nothing sinister either in the acceptance decisions or in the "weeding out" procedure. By admitting only those children believed to be most able to benefit, and discharging those deemed to have progressed as far as their abilities allowed, the officers of the asylum were remaining faithful to their original mandate as expressed in the founding motion. Moreover, by far the majority of these children came from pauper households, another of the objectives set in 1862. Only one of the application forms for 1903 which still survive was from a private patient; in fact, all but 9 out of a total of 271 children in residence were maintained by Boards of Guardians.

Locke was convinced of the impossibility of operating a custodial institution and a training establishment both together. Neither he nor his staff doubted that Starcross was the latter. In order to impress this upon the outside world, a move was in progress to alter the name of the asylum. By 1903 the term "idiot" had come to refer specifically to the most severely mentally handicapped in society, and it was proposed to designate Starcross a "Training Institution for the Feeble-minded," a title more befitting its role. As with several other points touched on in this chapter, the issues surrounding the name change will be elaborated upon later in this history.

The picture which emerges of this asylum in 1903 is of a successful institution of modest size, rather isolated from the local community and receiving only sparse financial support from it, but run by dedicated staff, progressive in its philosophy of

treatment, and focusing its attention on children whom it felt able to prepare for a reasonably productive life in the world outside its gates. The asylum was what it had striven for 40 years to become: an exclusive training school for children with a mild to moderate mental handicap from deprived backgrounds.

A Preliminary Assessment

This cameo portrait of the asylum as it approached the zenith of its existence as an independent institution contains little to support the idea that such places were dens of iniquity. It suggests that the "faults" of the institution were of a different kind. The asylum was dominated by a certain entrepreneurial spirit, and had adopted a deliberate strategy of attracting the most "promising" children rather than the most needy. Further exploration of these characteristics is clearly required, and will engage our attention in later chapters.

However, there is a fundamental question on the nature of the source materials which it is as well to address at this point, since our subsequent discussion will rest to a large extent on the quality and reliability of the data. Do the surviving sources lead us to a false picture which ignores the "dark side" of the life of the asylum? Not surprisingly, any researcher delving into the Starcross sources expecting to uncover evidence of mistreatment would be disappointed. The secondary sources were, of course, designed for public consumption and are infused with a mildly promotional tone. The primary sources are much more revealing on a number of matters, but they are devoid of evidence of any serious abuses. Surely, it might be argued, such irregularities must have occurred: ill-treatment, perhaps; social deprivation; neglect of patients' physical health; or, at the very least patient overcrowding, either to maximize income to the institution or (more recently) to minimize expenditure on high cost community programmes.

How can such factors be assessed? It will be suggested below that the most satisfactory method is through a broadly-based evaluation of the life history of the asylum, in which an attempt is made to gauge its role and conduct within the context of much broader social trends. Before establishing a framework which would allow us to do this, let us illustrate the likely outcome of a more specific and detailed approach to assessment by returning briefly to our portrait of 1903. Given the limitations of our source materials, what can be said about the presence or absence of a "darker side" behind the rather favourable picture presented above?

Of all the possible abuses which could have occurred, overcrowding is the easiest to measure. At the beginning of 1903 there were 270 pupils in the Asylum, of whom 179 were boys and 91 girls. During the course of the year there were 43 admissions and 42 deaths and discharges, giving a year-end total of 271. The children slept in dormitories which were invariably described by visitors as pleasant and well decorated. During the spring of 1986 it was still possible to walk through these now empty rooms and note how bright and airy they were, with high ceilings and large windows. Pupil intake was carefully modulated to correspond with discharges, and enrolments were increased only when new dormitories were added. Since the completion of the main building this had happened only once - in 1899, when dormitory space for an additional 20 boys was provided over two newly constructed workshops. Before

construction of the new building, inadequate space had certainly been a problem, as the medical officer's reports reveal. Also, in 1905 the Portsmouth guardians, who had placed 29 children at Starcross expressed concern over "serious overcrowding in the imbecile wards." But this appears to have been one more piece of ammunition in a campaign to persuade Hampshire to build its own asylum. An objective view would be more likely to describe the workshops, day rooms, and usable outdoor space at Starcross as "generous," and the dormitory space as at least "adequate."

The quality of medical care available to the pupils is more difficult to evaluate. Their medical needs were attended to by a Medical Officer and the Matron, with the help of several attendants. An honorary Consulting Surgeon was also available in Exeter. We can judge the quality of the care only by examining the Medical Officer's reports. The year 1903 was a comparatively good one as far as infectious diseases were concerned. There was little influenza (a severe problem in some years) but ophthalmia (pinkeye) had re-appeared as a largely uncontrollable problem. There were also two bone fractures, an unusual occurrence, both attributed to falls from gymnastic equipment. There were five deaths among the pupils - considerably more than usual, giving a death rate of 1.84 per cent - still regarded as low, considering "the personal and family history of the majority of the inmates". The causes of death were listed as: endocarditis, acute yellow atrophy of the liver; tubercular meningitis, and two cases of pulmonary tuberculosis. While there is obviously considerable scope for a longitudinal analysis of the health reports, the impression created by this information is of a quality of medical care quite in keeping with the standards and expectations of the time, and probably considerably better than that which would have been available to the same children had they not been accepted at Starcross.

The possibility that there might have been instances of physical abuse and cruelty is much more difficult to deal with. The most significant question is whether the punishments meted out exceeded the levels of corporal punishment which were routine in the ordinary schools of the time. On this the records are silent and it is impossible to give a definitive answer. On balance, however, it seems unlikely that there were serious instances of abuse, for several reasons. First, resorting to cruelty would have contradicted the whole philosophical thrust of the institution. What strikes the researcher most strongly about Starcross is the existence of a strong moral order, especially before the First World War. The Committee of Management was composed of men who were well-known in local (and in some cases regional) public life, who had little reason apart from personal interest and commitment to be involved in "good works." The Superintendent, a member of a family which had been involved in running the asylum since 1874, was firmly committed to moral treatment. His authority over the staff seems to have been virtually complete. Lastly, there was probably little need for physical punishment or restraint beyond levels widely sanctioned within wider society in an establishment where "unsuitable" children, whether unresponsive or disruptive, were regularly discharged as a matter of policy. The regular "weeding out" of those children who had ceased to benefit from the education and moral treatment offered by this specialised institution would in itself have removed the necessity for strong coercion, even if it had not already been ruled out on grounds of ethics and philosophy. The abandonment of this high turnover rate policy was one of the main

changes which took place after World War I, with dramatic results.

Sterilization of mental defectives was advocated during the first decade of the century both in the United States (Barr, 1904) and Britain (Tredgold, 1908). But while eight States of the Union had legalized sterilization by 1912 (Scheerenberger, 1983) the practice was never officially approved in Britain, although the Brock Committee recommended in 1934 that "voluntary" sterilization be legalized (Jones, 1972). The issue was of little relevance to Starcross until after it began to admit significant numbers of adults in the 1920s.

The available records allow us to go no further than this in evaluating the internal policies of the asylum in 1903, and were we to embark upon similarly-directed excursions into the records for other years we would be forced there also to rely mainly on impression rather than hard data. But such questions are not, in any case, the most important ones in our attempt to evaluate Starcross. Much more significant is the question of how the institution measured up, in various phases of its existence, in relation to contemporary social trends and attitudes.

The Context of Care and Control

*I*n Chapter 1 we argued the necessity of exploring the relationship between local events and wider social trends. Having offered a brief picture of Starcross in the early twentieth century we now articulate a broader framework within which to assess the asylum's social role as it changed through time.

Two main developmental strands must be followed here. The first concerns the rise of institutions. Why did policies which involved confining certain groups of people in isolated, segregated environments come rather suddenly on to the scene early in the nineteenth century? The second strand to be followed is the evolution of new ways of thinking about mental handicap, which were linked to changing attitudes towards people with a mental handicap.

In the early nineteenth century these strands were quite separate. To the extent that people with a mental handicap lived in institutions, they were there for other reasons - mainly poverty. As progressive thinking about mental handicap came to favour the establishment of specialized institutions, the strands to a large degree converged. For about a century they were interwoven in several rather complicated ways, until the 1960's when the whole fabric began to unravel. Both strands need to be followed.

The Social Origins of Institutions

Studies of nineteenth century institutions are virtually unanimous in finding a marked contrast between the original ideals behind the asylums and what they eventually became. The asylums were set up in a spirit of optimism as therapeutic establishments designed to equip certain types of people for fuller, more productive

lives in the harsh world of ordinary living. They were not seen as places in which to pass a lifetime. But sooner or later each one came under the influence of a custodial model of care.

By far the greatest amount of attention has been given to one type of institution, the lunatic asylum. In comparison, the social history of the idiot asylum is ill-developed, having received even less attention than workhouses and prisons. The literature on these other types of institution has considerable relevance for the study of the idiot asylum. This is partly because the patterns set by the former influenced the latter. Indeed, until 1886 the idiot asylums in England came under the direct jurisdiction of the Lunacy Act, and the influence of mental health legislation was never very far away. Also large numbers of people with a mental handicap were housed in institutions which were not designed to accommodate them. For example, most of the 29,452 idiots enumerated in the 1881 census were in workhouses and insane asylums (Ryan, 1980, p. 97). The inhabitants of the five major mental handicap asylums at the time numbered fewer than 1,800.

Several theses have been advanced to account for the rise of the institutions. For longer than in most areas of history, reliance was placed on the Whig view of the inevitability of progress in explaining their evolution. Perhaps the best known study to break with tradition was Rothman's book on Jacksonian America in which he showed how the early insane asylums were set up as model environments to provide havens away from the maelstrom of nineteenth century life, with its increased urbanisation and rapid social and spatial mobility (Rothman, 1971). They were designed to show the "advantages of an orderly, regular and disciplined routine" in alleviating stress, thereby providing the industrializing United States with a model for its own reform. The institution offered a "new world" wherein moral treatment could be administered without force of any kind. Great care was taken in the design of the institutional environment, and in the enforcement of a strict routine, incorporating sleep, work, mealtimes and leisure. Regularity of habits, developed in complete isolation from the outside world, were supposed to lead to a cure. The method may have worked in some cases, but by 1870 it was clear that most of the initial optimism had been unjustified. Moreover, the asylums became "dumping grounds for social undesirables," further undermining the methods of treatment, and necessitating harsh disciplinary measures which were introduced to maintain some semblance of control. Although bankrupt of new ideas, the asylum remained an instrument of public policy up to the middle years of the present century.

The recent writings of Andrew Scull take this departure from the Whig tradition much further, and show how the roots of the American adoption of the asylum and the emphasis on moral treatment had European antecedents, notable William Tuke's York Retreat (Scull, 1981). Scull's work on England places stronger emphasis on the use of institutions as instruments of social control (Scull, 1979). The origin of the insane asylum is traced in that mixture of institutions which had grown up by the early nineteenth century to deal with the threat to the emerging middle class posed by the poor, unemployed, delinquent and defective populations. These "problem populations" had become a secular responsibility under the Elizabethan Poor Law, and while outdoor relief continued to be favoured, almshouses, workhouses, prisons and hospi-

tals all developed. Workhouses were a practical means of distinguishing the able-bodied from the helpless. The latter were deserving of help, but the provision of relief to the able-bodied was thought to remove "want" as the main work incentive and thereby interfere with the labour market. It was in the workhouse that the able-bodied poor were to be taught the "wholesome discipline" of labour. However, workhouses became depositories for social undesirables of all kinds. For Scull, the key to the establishment of specialised institutions was the rise of the market system, which destroyed the traditional links between rich and poor and undermined the parish relief system based upon settlement and exclusion. Workhouses were made as unattractive as possible, and relief was given only to the deserving poor. The search for more precise delimitation of those groups which merited the status of "deserving" gave rise to specialist institutions, of which the insane asylum was the most prominent.

Much more could be said about the rise of various kinds of institution, but this would lead us away from our major topic. Suffice to say that one of the main objectives of the mental handicap reformers was to remove those regarded as idiots and imbeciles from the general-purpose institutions, and from the new specialist lunatic asylums, in which many of them had ended up. Even more important, they wanted to prevent future generations from suffering a similar fate. Their main aim was to place young people with a mental handicap in special educational institutions in which they could be trained to realise some of their innate potential.

Changing views of mental handicap

Throughout history, social attitudes towards people with mental handicaps have been marked by numerous stereotypes. The individual with a mental handicap has been variously depicted as: a holy innocent, a menace to society, a subhuman organism, an object of ridicule, an object of pity, an object of dread, and an eternal child (Wolfensberger, 1972). By the end of the eighteenth century there were signs of the development of a humane interventionist tradition. Much of the pioneering work was done in France. Pereire's work with deaf-mutes is an early landmark. Itard's attempt to educate the "wild boy of Aveyron" is well-known, as is Seguin's effort with an "idiot boy," and his subsequent work at the Hospice des Incurables and the Bicêtre. Séguin's textbook, *Traitement Moral, Hygiène et Éducation des Idiots et des autres Enfants Arriérés* (1846) gained him instant recognition. In 1848 he emigrated to the United States where he came in on the ground floor of a movement to establish idiot asylums. Soon after his arrival he spent several weeks at the Perkins Institution for the Blind in Boston where its director, Samuel Grindley Howe, had recently opened a wing as an experimental school for idiots. After settling in New York, Seguin went on to become a consultant for several of the idiot asylums founded in the northeastern States in the 1850's and 1860's. In 1876 he became the founding president of the Association of Medical Officers of American Institutions for Idiots and Feeble-minded Persons (Kanner, 1964). The proliferation of such institutions in this era in the United States was quite remarkable. With generous funding from Massachusetts the "experimental wing" of the Perkins Institution moved to its own site in South Boston in 1855, and to extensive buildings in Waltham in 1887. Howe was also influential in New York State's decision to fund an experimental idiot asylum in Albany in 1851

which then moved to a larger site at Syracuse. Meanwhile one of Howe's associates established a private institution in Germantown, Pennsylvania in 1853 which was successful in attracting numerous state-sponsored pupils, and moved to a new site at Elwyn in 1859. Similar institutions were founded in Ohio, Connecticut and Kentucky before the Civil War. In each case the emphasis was on the total education of the child with a mental handicap, and the term "school" was generally favoured over "asylum." (Tyor and Bell, 1984). All were influenced by Séguin's emphasis on "moral treatment", which stressed benevolence as a basis for the development of a handicapped child's self-worth, and on the "physiological method," a programme of physical tasks designed to develop vocational and social skills.

Although Séguin's work in France and the United States was well known in interested circles in Britain, a more direct influence on the foundation of asylums for children with a mental handicap came from Switzerland. In 1839 Johann Guggenbühl had founded an institution for cretins on the Abendberg, in the belief that pure mountain air and a regular regimen would prove therapeutic. In an era when mental handicap was regarded as one entity with a single etiology, his work provoked wide interest throughout Europe. William Twining visited from England in 1842 and his favourable report prompted a Miss White of Bath to found a small establishment known as the Rock Hall House School, which was later absorbed into the Magdalen Hospital. In 1847, Andrew Reed, an English nonconformist minister, visited both Guggenbühl in Switzerland and Séguin in Paris and promoted the founding of Park House in Highgate the following year. Guggenbühl was brought to London to give advice, and one of the Sisters came from the Abendberg to help the new establishment get started (Kanner, 1964). Park House became the forerunner of the Earlswood Asylum in Surrey and Essex Hall in Colchester, both founded in the 1850's. The latter went on to become the Eastern Counties Asylum. Although Guggenbühl was discredited and accused of fraud in 1858, the reform movement that he did so much to stimulate lived on, and contributed to the rise of institutions all over Europe during the 1860's. In England, the Royal Albert Asylum at Lancaster and the Western Counties Asylum at Starcross opened their doors in 1864 and the Midland Counties Asylum at Knowle was founded two years later. These five institutions, all of them funded by public subscription, represented the core of enlightened institutional education and training for people with a mental handicap in England until after the First World War.

While 22 idiot asylums and schools have been identified in nineteenth century England, they include modest houses and extensions to lunatic asylums (Philo, 1987). Their total populations accounted for a small fraction of the people with a mental handicap of the nation, most of whom occupied workhouses and lunatic asylums, or lived at home, or else were numbered among the homeless. Only the establishments set up by the Metropolitan Asylums Board after 1870 rivalled the charity asylums in importance, and they shared little of the latter's enthusiasm for educational programming (Gelband, 1979). Earlswood was something of a prototype for the other four charity asylums, though admissions policies departed from the Earlswood pattern, especially at Starcross and the Royal Albert which came to rely on pauper pupils. But the charity asylums were created by a spirit of optimism which fostered the education

of idiots and the belief that many of them could be prepared for a reasonably independent existence in the world outside.

A review article which appeared in the *Edinburgh Review* in 1865 captures the reforming spirit of the time, and also shows how truly international it was from the outset. The author Edwin Sidney reviewed fourteen books and reports, published in France (Séguin), England, Scotland, Ireland, the United States (Howe), Switzerland (Guggenbühl) and Germany, and noted the existence of a "remarkable uniformity of principle and practice" among them. The universal message was one of hope. Whereas "a few years since schools for idiots would have been classed amongst the wildest of projects," the current view was that, "there is no class of unfortunates of our species to whom enlightened treatment may be applied with a more cheering hope of success." Sidney comments upon developments in Europe and the United States, and notes that it had recently become possible in England for Poor Law guardians to contract with voluntary institutions for the education of their idiotic persons, paying them at a rate not greater than the cost of providing workhouse relief. This is rightly seen as a great opportunity to place such people in settings separate from the "injurious" environment of the county insane asylums.

The article goes on to review the founding of Park House, whose first disorderly and rebellious inmates are reported as having been transformed within six months into a "happy family," through the dedicated application of "kindness" or moral treatment. Essex Hall and Earlswood, the outcomes of this experiment, are reviewed in detail. In particular, two visits which Sidney paid to Earlswood in 1859 and 1861 are described at length. The tone of the remarks bear a striking resemblance to those adopted by the *Devon and Exeter Gazette* reporter whose visit to Starcross some 40 years later was examined in Chapter 2:

Nothing more surprises a visitor to a well-managed asylum for imbeciles, than the entire absence of that gloom which most persons naturally expect to find hanging over it like a dark cloud . . . Many of the pupils were to be seen leading their infirm fellows, and carefully tending them during the routine of the day.

A spirit of optimism pervades the article. All idiots could be improved: "all their habits may be amended . . . all their moral feelings awakened," provided they could all be afforded the opportunity of special training. This is shown in the article to be the spirit of hope in which Essex Hall and Earlswood were founded, and which governed their operations in 1865. Meanwhile in Starcross a brand new institution was drawing to the end of the first year of operation, bringing the same optimistic message to the counties of the South West.

Before we get too carried away by this mood of optimism, however, it must be pointed out that such ideas co-existed in close proximity to some erroneous and potentially repressive attitudes. For example, the medical superintendent of the Earlswood Asylum in the 1860's was J. Langdon Down who published in 1866 a famous (or infamous) paper entitled "Observations on the Ethic Classification of Idiots." Although Down's attitudes were fairly liberal for the age (he did not, for example seriously question the humanity of idiots), the ideas which he advanced seem a century

later to be deterministic in the extreme. Observing that many idiotic children born to European parents exhibited anatomical characteristics similar to those of other races, he argued that these were in fact atavisms. Thus it was possible on occasion for a "throwback" to a more "primitive" race to appear in an "advanced" European family. As Gould has shown, Down's work did not represent simply the superficial reflections of a prejudiced man, but was an "earnest attempt to construct a general, causal classification of mental deficiency based upon the best biological theory (and the pervasive racism) of the age" (Gould, 1980). Down recognized several types of idiot based upon anatomical features - an Ethiopian variety, a Malay variety, an American Indian variety and so on. The largest group seemed to represent a throwback to "the great Mongolian family" which occupied a position in the perceived racial hierarchy second only to Caucasians. It is only recently in Britain that the term "Mongoloid" has given way to "Down's syndrome" as a description of the condition known technically as "trisomy-21" (Gould, 1980).

As a medical doctor who combined progressive attitudes towards the education of people with a mental handicap with some deterministic medical opinions, Down was far from unusual in the mid-nineteenth century. Guggenbühl, as we have seen, recommended high altitude living as a therapy for cretinism. Howe in the United States accepted many of the basic tenets of phrenology, and ventured the opinion that the lower the intelligence of idiots, the more they looked like animals. Even Seguin saw the education of idiots as a chance to lift them from a state of brutishness, not far above the level of animals. Education was therefore the key not merely to improvements in their quality of life, but to their very humanity (Ryan, 1980, 94). The corresponding views of George Pycroft, the first medical officer at Starcross, are presented in Chapter 5.

Compared with wider public (and especially medical) opinion, these people were on the enlightened and optimistic fringe of social thought. If this optimism should later prove to be unfounded, the ensuing reaction might be highly negative. In this sense the seeds of failure were present even in the earliest stages of the reform movement. By the end of the century, and well before it in many cases, a general pessimism clouded the field, as educational success proved elusive and more orthodox medical opinion reasserted its sceptical pre-eminence.

Two main trends, according to Tizard, combined to turn the clock back by half a century: the rediscovery of genetics and the development of intelligence testing (Tizard, 1958). The major intellectual thrust behind the view that intelligence was an entirely inherited trait was provided by Francis Galton, who called for the regulation of family size according to the measured intelligence of the parents, and in 1883 coined the term "eugenics" (Gould, 1981). The eugenics movement became powerful on both sides of the Atlantic as the spectre was raised of declining quality of the genetic stock brought about by the too-rapid breeding of the mentally deficient. This was reinforced by the development in psychology of educational testing, which began in France with Binet, but developed into more and more deterministic dimensions in the United States. Gould's masterful study *The Mismeasure of Man* (1981) traces how, in the early years of this century, the concept of intelligence was reified into a single measurable entity under Goddard and Terman in the United States and given a

bizarre dimension by the work of Cyril Burt in England, much of which was based upon fraudulent data. In the United States the myth of the feeble-minded was reinforced by surprisingly low IQ scores obtained by First World War army recruits and foreign immigrants, and by some notorious family histories purporting to demonstrate the genetic basis of mental deficiency. To some on both sides of the Atlantic the situation seemed to warrant the sanctioning of compulsory sterilization (Barr, 1904). To many more it seemed to require enforced segregation. Thus arose considerable social pressure for large colonies which would not only separate the mentally deficient from normal society, but would segregate the sexes within the deficient population, thereby preserving the quality of the genetic stock. In such a climate of opinion, policy towards people with a mental handicap underwent profound changes, with humanitarians and progressives forced to yield at every point. As will be shown in Chapter 7, the institutions set up to educate the most able of the handicapped felt the burden of public demand for enforced segregation, and after a period of resistance they finally succumbed.

A framework

At its simplest, the framework which emerges from this discussion is one showing the mid-nineteenth century development of educational institutions, followed by early twentieth century custodial institutions on a large scale, and the decline of the institutions from the 1960's onwards in response to a new emphasis on community care (Tyor and Bell, 1984).

Some recent work by a political scientist, Harvey Simmons, presents a sophisticated version of the same cycle (Simmons, 1982). One of the chief strengths of this approach is its recognition that shifts in policy were not clear-cut, but tended to involve the superimposition of one policy on another, with the older policy being partly obscured, but not obliterated. Simmons uses the metaphor of the palimpsest (a parchment that has been written on two or three times without being erased completely), on which older conceptions can be seen faintly written beneath current policies. Viewed sequentially, the policy shifts began between 1848 and 1875 when the educational and training institutions were set up to cater to improvable children and teenagers. These were small scale establishments geared towards helping the child to return better equipped to the community. From about 1870 they came under pressure to admit a much wider range of people with a mental handicap, including adults. After some resistance, the educational role gave way to an asylum model and then a custodial model. This remained dominant until normalization began to take precedence in the 1960's.

The idea of the policy palimpsest allows us to take a cross section at one point in time and observe the relative strengths of different policy thrusts. A cross section taken at the turn of the century would reveal, according to Simmons, four layers on the policy palimpsest. At the bottom, faintly visible, would be found the idea of *educating* children with a mental handicap in special residential institutions. Next, one could identify an *asylum* policy involving the institutional placement of people with a mental handicap for their own good. Thirdly, written somewhat more clearly, one could find a *social welfare* policy. And finally, a *custodial* model would be written in bold terms, involving the institutional placement of individuals, not for their own protection, but

in order to protect society from the evils with which such people were associated.

Simmons claims currency for this particular sequence only within North America. At the same time, like other observers, he notes that "These ideas were trans-national in nature. There was a constant interchange of ideas among Canadian, American, British and French authorities." Our study may show that Starcross deviated from this general pattern in various ways. If so, it will be interesting to see just how it did so. In any case the general model provides us with a context in which to place that institution which is the main focus of our study. Simmons's model is particularly effective in reminding us that a single institution, at one point in time, might reflect several different policy thrusts. Neither its management nor the composition of its patients is necessarily the manifestation of a single, clearly articulated policy directive.

Founding and Management

*T*he evolution of the management structure at Starcross falls neatly into three distinct time periods. From its inception until 1914 the institution was operated as a charity, responsible to a Board and administered by a Managing Committee. Between 1914 and 1948 it remained nominally private, but was subject to increasing control by local authorities. In 1948 it became a "hospital" under the National Health Service Act of 1946, and was governed accordingly.

The story of the Institution at Starcross begins with a public meeting held at the Castle, Exeter on 20th November, 1862 at which the chair was taken by the Earl of Devon. At this meeting, the following two-part motion was adopted:

- a) that it is desirable to establish an Institution for the reception of those idiot children of the poor, who shall appear to be likely by careful treatment to be capable of mental improvement.
- b) that donors of £50 and annual subscribers of £5 or any number of annual subscribers whose subscriptions amount together to £10, shall recommend one applicant for admission into the Institution, but that the admissability of cases shall be determined by the Committee.

A committee of 23 members was appointed and charged with the responsibility of initiating the project. Its membership was a cross-section of the elite of the region--two Earls, the Dean of Exeter, five Members of Parliament and several prominent professional men. At its head was the Rt. Hon. William Reginald Courtenay, 11th Earl of Devon, to whom the whole venture seems to have owed its inspiration. Certainly

he took an active role from the beginning, and as the administrative structure evolved he became not only President of the Board, but also Chairman of the Managing Committee. In May, 1864 he personally travelled to Earlswood to pursue the institution's staffing requirements. There exists in the records correspondence between the Earl and J. Langdon Down which establishes that staff shortages at Earlswood prevented a nurse being sent on loan to Starcross. In August the Earl interviewed a Mrs. Bettison and recommended that she be invited to visit Starcross. This resulted in her approval as Matron on 9th September at a salary of £50 per annum. Also, it was the Earl who made available the first premises at a much lower rent than was otherwise available.

Why the Earl of Devon was moved to initiate this venture, and why he took such an active role in it, is not entirely clear. Probably he had read and was influenced by the optimistic tone of the literature of the time. Perhaps too he was affected by a broader trend among the aristocracy which was becoming newly conscious in the mid-nineteenth century of a need to engage in good works in order to improve its public image. Whatever the Earl's motives, his personal involvement was significant, and he set a family tradition according to which successive Earls of Devon acted as President of the Board, and at first also as Chairman of the Committee. With the possible exception of the 14th Earl, the Courtenays took the appointment seriously and played an active role in the life of the Institution.

PRESIDENTS

1864	Rt. Hon. William Reginald Courtenay	11th Earl of Devon
1889	Rev. Preb. Henry Hugh Courtenay	13th Earl of Devon
1904	Rt. Hon. Charles Pepys Courtenay	14th Earl of Devon
1925	Rev. Hon. H.H. Courtenay	15th Earl of Devon
1934	Hon. Frederick Leslie Courtenay	16th Earl of Devon
1935	Rt. Hon. Lord Mamhead of Exeter	

The Board placed responsibility for the running of the Institution on to the Managing Committee, later sometimes called the General Committee. Various sub-committees were also struck from time to time, notably a Finance Committee and a Buildings Committee. The Managing Committee made most of the decisions affecting the institution, including staff appointments.

CHAIRMEN OF THE MANAGING/GENERAL COMMITTEE

1864	Rt. Hon. William Reginald Courtenay	11th Earl of Devon
1889	Rev. Preb. H.H. Courtenay	13th Earl of Devon
1904	Hon. Hugh Leslie Courtenay	
1908	Major W. Nevill Thomas	
1920	Rev. Hon. H.H. Courtenay	15th Earl of Devon
1935	Capt. C.W.M. Plenderleath R.N. C.B.E.	
1937	Brigadier J. Momson C.B.E.	
1951	Frederick James Esq.	
1955	Roy L. Darch Esq. J.P.	
1964	Donald M. Sharpe Esq.	

Despite its distinguished patronage, the institution's early years were difficult ones, plagued by lack of experienced staff, rapid turnover of officers, poor facilities, lack of public interest and inadequate donations. During the first year of operation public meetings were held in Plymouth, Torquay and Barnstaple in order to raise subscriptions; all were poorly attended. Subscriptions for 1864 totalled only £337-7-0d and while initial donations came to £549-1-0, they rapidly dwindled after the first year. Meanwhile the butcher's bill alone was nearly £45 for the first half year (he was in fact accused by the Managing Committee of overcharging) and staff salaries amounted to over £60. Later public meetings were no more successful in prompting donations. In fact in 1869 the Town Clerk of Plymouth refused permission for a meeting to be held there, citing the needs of "local charities."

Uncertainty also surrounded the staff. Late in 1865 the Committee decided to seek licensing under the Lunacy Act and on finding that this would require the appointment of a male superintendent, they dismissed Mrs. Bettinson. In her place they appointed Mr. and Mrs. Hurrell, who had been recommended to the Earl of Devon, at a joint salary of £80. In order to bring some first hand experience to Starcross the Hurrells were instructed to spend a week before their appointment at Essex Hall Asylum to "observe the mode of treatment adopted there." There were also occasional difficulties with the junior staff. In 1869, for example, a young assistant due to be married was refused permission to have his meals at home, and resigned.

The institution was more fortunate with its first medical officer. A few weeks before the institution opened, George Pycroft a local practitioner and a member of the original committee, offered his services for a period of three years without pay, an appointment which was renewed with modest remuneration (£35, then £50 per year) until his retirement in 1886. Pycroft became the most prominent early spokesman for the institution, and his views are discussed in Chapter 6.

It was not until the beginning of its second decade that the institution found its feet, so that the period up to 1874 can be described as one of trial and error. The opening of the new era coincided with the laying of the foundation stone of the new building. It also brought the arrival of the Locke family, members of which served as Superintendent up to 1945: William Locke was succeeded by his son Ernest, and then by Capt. Mayer who was Ernest Locke's son-in-law. In addition, Ernest Locke's daughter, Mrs. Mayer, served for many years as Matron. Thus, for sixty years the day-to-day operation of Starcross was largely in the hands of the Locke family.

SUPERINTENDENTS

1865	W. Hurrell
1874	W. Locke
1899	E. W. Locke
1924	Capt. Mayer
1945	David Prentice

The Mental Deficiency Act of 1913 gave much wider powers and responsibilities to local government and during the interwar period Starcross came more and more under the control of local authorities. This transformation, which is described in

Chapter 7, was a long, drawn-out affair, reflected most significantly in the battle over the Langdon extension. By 1929 the local authorities in the southwest had a combined majority of one on a 21 member Joint Board. In 1935 the formula was altered to 14 local authority representatives and 11 Starcross members. The granting of a Royal Charter in 1931 added the prefix "Royal" to the institution's title, but did not affect its management.

Implementation of the National Health Service Act in 1948 created the Royal Western Counties Hospital Group. As a result of the reorganization of the Health Service in 1974, Starcross became part of the Mental Handicap Sector of the Exeter Health Care District, and with the 1982 reorganization it became part of the Exeter Health Authority.

This brief outline will serve as an introduction to the detailed discussion found in subsequent chapters, and we begin by examining the evolution of the institution's buildings.

Buildings and Site

*T*he institution, as we have seen, was conceived in Exeter. Its location 8 miles away in Starcross came as a result of an opportunity offered by the Earl of Devon. This was a lease on a house and two acres of land on the edge of the village at a rent of £6 per annum for five years, plus a payment of £15 to £20 to compensate the existing tenant for loss of crops. A previous offer from a Mr. Wescombe, offering a house and gardens for £90 per annum, had already been rejected as too costly. The Earl's offer was accepted, even though it was recognized that the Starcross building would require at least £300 in repairs and alterations. An account was opened in the name of the institution at the West of England and South Wales Bank (which offered three percent interest on deposit accounts) in order to receive subscriptions and donations and provide a fund for preparing the buildings and facilities. The initial furnishings for the institution cost £163-10-0d.

The Institution opened with four pupils on November 1, 1864 and a year later it housed nine. In 1866 the possibility was explored of seeking a licence under the Lunacy Act, and at the same time the aim was to expand to accommodate 12 boys and nine girls. The Lunacy Commissioners visited the asylum to assess its suitability. Although they judged the sleeping accommodation adequate they reported that it would not be possible to grant a licence unless certain improvements to the building were undertaken. Several interior and external repairs were necessary, a larger day room would be required for the boys, and great improvements were needed in the bathing facilities which were quite inadequate. The Management Committee decided that they could not undertake these expensive repairs, and so could not yet seek licensing under the Lunacy Act. Later that year the Medical Officer reported that the boys' dormitories

provided 538 and 549 square feet and the girls' dormitories 237, 315, and 345 square feet. He observed that the standard in barracks and hospital wards was 1200 square feet and noted that the "ventilation of our little asylum is very deficient." Nevertheless, with donations at a disappointing level the pressure to take in more pupils was intense, and a proposal was discussed to open up an attic "at a cost not exceeding £10" in order to accommodate another five boys.

At the beginning of 1869, when the complement of pupils had reached 29, the Managing Committee had to face the imminent expiry of the five year lease. The Earl was willing, if the Committee wanted to approve the erection of a permanent building, to grant a 99 year lease on 3 1/2 acres and the present building, at a ground rent of £25 a year. In order to provide a breathing space, he extended the existing five year lease for a further two years, but wished to know by the end of the first year whether the existing building would continue to be occupied. The Committee postponed a decision, becoming pre-occupied with immediate plans to convert the coach house and stables into sleeping and living rooms "at a cost not exceeding £60."

In February 1870 it was resolved to set up a building fund either to enlarge the existing premises or to erect another building. The fund was announced in the local newspapers, with the promise that donations of over £1 would be acknowledged in print. Plans were drawn up for a new block designed to accommodate 40 boys, so that the existing building could house 20 girls, and possibly up to 26 after renovation.

The most important decision taken at this time, however, was to remain at the Starcross location. The Earl was willing to offer an alternative site on the same terms, but the Committee favoured the existing one. They liked its location close to the railway station, and were especially pleased with its "healthy position." In this era, before the universal acceptance of germ theory, great emphasis was placed upon the beneficial effects of salubrious sea breezes. The fact that there had been only one death in six years among this vulnerable group of children was attributed in part to the estuarine location, with its exposure to sea air. George Pycroft pointed out in his annual reports that although the site was low it was exposed to seaside air moving constantly and freely through the valley. It was therefore "not exposed to fog or miasmata as low inland places are, but is purified by the fresh and healthy breezes of the sea." He proposed, moreover, that any new building have a southerly exposure, because idiots, "being of very weak nervous power and languid circulation," were greatly affected by low temperatures. He also thought it advantageous to the health of the pupils that the present Asylum was sited "on a very coarse gravel or shingle" which provided good drainage. Despite a crowded house and group of children especially prone to disease, there had not, up to 1875, been a single case of typhoid fever, and this was attributed as much to the favourable location as to the high standard of care.

Meanwhile successful fundraising efforts had boosted the building fund. In 1870 the combined proceeds of a fête in Powderham Park and a bazaar held in the Victoria Hall, Exeter totalled over £1230. In February 1871 an advertisement was placed in the *Exeter and Plymouth Gazette*, the *Western Times* and the *Western Morning News* stating that £2185-13-5d had been raised towards a target of £4000. It expressed the hope that

the friends and supporters of the Asylum . . . may be in a position to recommend the immediate extension of an institution whose past success in ameliorating the condition of this very sad and formerly neglected class of our fellow creatures, has proved highly satisfactory.

In June the fundraising drive was given a shot in the arm when a Mr. Gibbs of Tyntesfield near Bristol offered a donation of £1000 conditional upon a further £600 being raised before Michaelmas. A circular was immediately sent to all Magistrates, beneficed clergy, Members of Parliament and Mayors of towns in the four southwest counties, informing them of this challenge and urging their support. The necessary money was quickly forthcoming and the Committee were told at their meeting on 4th August that Mr. Gibbs' donation had been received and put into the bank.

This unexpected boost, and continued donations and expressions of interest flowing in from all over the region, allowed for more expansive thinking. The question of a possible alternative location was re-introduced, and a sub-committee on sites was struck to examine several possibilities. Sites were inspected at Langston's Cliff and Warborough Hill, and the possibility of acquiring the St. Thomas Asylum in Exeter was considered. The conclusion reached yet again was that no better site existed than the one already occupied. H. H. Courtenay urged the Committee to purchase the freehold of the existing site and build a new asylum further back. But when the Earl's steward, Mr. Drew, was approached on the question it transpired that the asking price would be £1000, a figure which the Committee found difficult to approve. The building fund now totalled £4,200, in excess of the target but not sufficient to absorb such an expenditure. It is not clear how strongly the Earl himself felt about the matter, but his steward certainly favoured the earlier arrangement of a 99 year lease at £25 per annum. In a letter addressed to the Committee, and considered by them on 20 October, 1871, Drew pointed out that since the land was located in the centre of the estate the price was entirely justified. Nevertheless the Committee decided, after much discussion, to pay the price and obtain the freehold. The surviving records do not allow us to ascertain why the Committee was anxious to do this but it may well be that at least some of its members felt that such a move would buy a measure of independence for the Institution which would be impossible if its President continued also to be its landlord.

It soon became clear that there would be legal obstacles. The land, it was now discovered, had belonged to the ninth Earl who had died in 1835 leaving charges held by two assurance companies. Also, the Committee was called upon to approve a condition in the contract to the effect that if the proposed building ever ceased to be used as an Idiot Asylum it would be sold back to the Estate, and the cost of converting or demolishing the building would not exceed £500. Nevertheless, at the same meeting the Committee decided to advertise a competition for the best plan for the new asylum. The plans were to be submitted, together with cost estimates, by April 3, 1872.

Well before the competition deadline had passed it had become clear that legal complications would stall the purchase of the land; among other things the title was not clear, and was therefore unacceptable to the Committee. The entries for the architectural competition were judged anonymously, and the winning plan selected.

On April 26th it was announced that the winning entry had been submitted by a Mr. Chudleigh of Newton Abbot. Detailed costing was obtained, resulting in an overall estimate of £4,612, and the advice of the Lunacy Commissioners was sought on design features which would facilitate certification of the asylum. But the legal complications over the purchase of the land seemed insoluble. Finally at the AGM in April 1873 it was decided by a vote of 7 to 4 to proceed with the alternative - the 99 year lease.

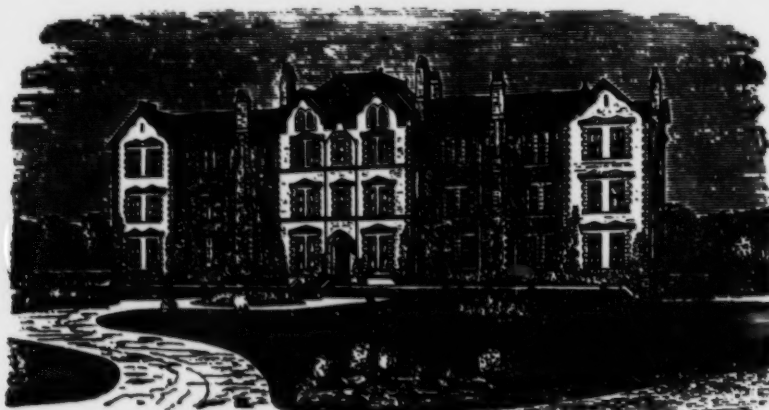
The abandonment of the plan to purchase the freehold of the site forced the Committee to make another difficult decision. If the building was now to be erected on land still held by the Earl of Devon, it would be difficult to avoid employing the estate architect, a Mr. Rowell. The matter was further complicated by the fact that Rowell's design had been one of the unsuccessful entries in the competition. The Committee ended up by getting Chudleigh's design erected under Rowell's supervision. Since Rowell assumed a ready-made design, he agreed to forfeit a part of his fees. Chudleigh was left with £10 prize money and a bitter taste in his mouth. Chagrined that somebody else was to benefit from the fruits of his labours, Chudleigh wrote a protest to the Earl of Devon. The Earl responded that "conditions of competition do not bind the Committee to employ the successful architect". Chudleigh renewed his protest and sent testimonials confirming his competence to oversee the construction. But it was to no avail. The Committee informed Chudleigh:

that they are obliged to employ Mr Rowell as the Surveyor of the Earl of Devon, the Committee having, since the Plans were sent in, decided on taking a lease for 99 years from the Earl of Devon instead of a conveyance in fee of the site and that by the terms of the letting the Earl of Devon's surveyor is always to be employed to approve of plans and superintend the erection of the building.

Tenders were now received on the building and these ranged from £6898 to £7637, considerably more than anticipated. Rowell was authorized to proceed with a tender obtained from Towell and Coles of Starcross for the erection of the central block and boys' wing only, at a cost not exceeding £5,500. The foundation stone was laid on April 9, 1874 by Lady Anna Maria Courtenay. Despite a few delays and frustrations, construction proceeded and regular payments were made to the contractors as specified portions were completed. A timely legacy of £600 prompted the Committee to approve construction also of the girls' wing. The whole building was opened on June 16, 1877, but not before a loan of £2000 had been acquired to finance its completion.

The new building was impressive and built according to contemporary institutional norms with indented walls to allow for generous window space. The rooms were large and bright and the south-facing windows offered attractive views of the Exe estuary. But it was deficient in other facilities, especially heating. As early as October the Committee returned to Rowell for advice on the practicability of installing stoves in the corridors. George Pycroft continued to wax eloquent on the effect of low temperatures on the idiot circulatory system, and the situation was improved to some extent. A wash house was also badly needed, but lack of funds dictated that a part of the sanatorium be converted for this purpose.

However, the mid 1870's had brought not only a new building but a new Superintendent, William Locke, and a licence from the Lunacy Commissioners. The institution was beginning to find its feet. During the last two decades of the century, and especially following the Idiots' Act of 1886 it began to flourish. New demands for space were met by building extensions and improving facilities. Two new wings were added in 1886 at a cost of £5000, and these were further extended in 1895. A chapel was built in 1883, and the North Block, containing spacious workshops and other facilities, was added at a cost of £1,700 in 1892. Seven years later the North Block was connected to the main building by a covered way, and additional workshops and dormitories were added.



Starcross in 1876

Expansion continued during the early years of the century. A steam laundry costing over £5000 was opened in 1904. Five years later still more workshops, dormitories and sick bays were added. Fire protection was installed at the turn of the century and the sanitary system re-built in 1909. Meanwhile, the freehold had been purchased, and on the eve of the First World War the property was augmented by the addition an adjacent property known as Elm Court, bringing the total area held by the Institution to 32 acres. The demands of the 1913 Mental Deficiency Act prompted the drawing of ambitious plans for the extension of the main building to house another 170 pupils, but the War prevented their implementation.

Subsequent construction and property acquisitions are described in later chapters, particularly the purchase of Witcomb Farm near Kenton (66 acres) in 1925, Langdon Farm (100 acres in 1927, and 147 acres in 1931) near Dawlish, and a house at 13 Dix's Field in Exeter in 1930. During the 1930's some houses on Coronation Terrace, Starcross, just outside the grounds of the institution, were purchased for staff accommodation, and "Staplake", Starcross was acquired as a house for nurses. In 1932 "Dunesh" at Teignmouth was opened as a seaside holiday home, and in 1936 "Steepway" in Paignton was bought as a service hostel, both for female patients.

Botchell Farm (180 acres next to Langdon) was acquired in 1945, and the following year Withycombe House and grounds in Exmouth became the location of the Courte-

nay School. In 1948, Franklyn, Good Shepherd and Box House (later St. Mary's) became part of the Royal Western Counties Hospital Group headquartered at Starcross. The Retreat Hospital and Elizabeth Barclay Home in Cornwall were added the following year. The biggest postwar building period was the 1960's when several new wards were constructed at Langdon, the interior of the Starcross building was renovated, and various ancilliary buildings were provided at all locations in the group.

"A flowing stream, not a stagnant pond"

He was dressed very respectably, and spoke in a manly, sensible way. He told me that he had maintained himself ever since he left the Institution, and was now employed at a quarry in driving a donkey-engine, and was receiving good wages. He spent the day with us and seemed delighted to renew his acquaintance with old friends.
(Superintendent's Report, 1904)

Nothing gave Ernest Locke greater professional satisfaction than a return visit to the asylum by a former pupil who had achieved success in the outside world. Almost as satisfying were letters written by former pupils, the best of which Locke would quote in his annual reports. One girl who "after some years of training in the Institution" had gained a place with a dressmaker, wrote to the Matron, Mrs. Mayer:

The dressmaker whom I am working for is of the first class, and she told me I should become a clever dressmaker in time. I am often thinking of you all at Starcross and of your kindness to me while I was there. Mother is giving me some money out of my wages, which I am saving up so that I may come down and see you all.

Such success stories reassured the management that the asylum was on the right track. They justified the policy of identifying the most improvable cases, mainly from among pauper children, and subjecting them to rigorous training in the hope that as many as possible would become productive members of society. The Superintendent's

Reports are also replete with examples of children still under training whose lives were being transformed. One 10-year-old boy, (whom we can identify in the primary sources as a William Hadley from Plymouth), when admitted in March 1905 "could not distinguish any letters, could only make strokes on a slate, and could not write." Just a few months later, he "can now write very nicely in a copy book, reads monosyllables, can do easy sums in the first three rules, and has made a fair start on drawing and brushwork." He could also work a fretwork machine and was being taught shoemaking.

Locke readily acknowledged, however, that such spectacular successes were not the norm. His list of pupils discharged in 1907 shows a profile typical of those of the prewar years in general. Fifteen of them were "much improved in habits and self-helpfulness." Three had become subject to epileptic attacks "which rendered them ineligible for retention." Two, "I regret to say, exhibited symptoms of insanity and had to be removed from the Asylum." Four, who had been "found to be suffering from complaints which rendered them incapable of being trained," went to hospital. Finally, seven pupils, "after a fair trial were found to be quite unimprovable and were discharged to make room for others." These unimprovables were judged by Locke to be "not fit to be associated with our trainable children, to whom their presence is detrimental." Clearly, Locke's interest was in improvable cases, and the whole routine of the Asylum was geared to providing them with high quality care and instruction. Whatever their degree of success or their level of suitability they would normally leave Starcross before adulthood. Locke was worried about what would happen to them. As early as 1905 he began calling for a system of labour colonies, probably State-run, where those trained in the institutions could be received, "and their labour utilised, under favourable conditions, to cover the cost of their maintenance." But such activities were beyond the capabilities and resources of Starcross whose only expertise lay in bringing in the most likely children, training them, and discharging them. The Western Counties Asylum, was, in the words of a much-quoted phrase of the time, "a flowing stream, not a stagnant pond."

We saw in Chapter 2 that the basic goal of selecting the best cases was enshrined in the founding motion of 1862. Starcross was founded to "establish an Institution for the reception of those idiot children of the poor, who shall appear to be likely by careful treatment to be capable of mental improvement." It is also clear that children were to be discharged before reaching adulthood. In fact, for the first several years the age range 6-15 years was strictly adhered to.

However, underneath these consistent goals, a number of changes took place between the 1870's and the turn of the century. The two most important were closely interrelated: a growing realism, eventually pessimism, about the numbers of children who could be dramatically improved, and a widening of the catchment area from which successful applicants were drawn.

The original founding motion was made in something of a vacuum by people with no clear idea of its implications. As we have seen, none of the original staff had any experience, and the admissions procedure was at first quite haphazard. Originally three classes of applicant were distinguished: pauper children, on the basis of fees to be arranged between the Provisional Committee and the Guardians; children whose

"A flowing stream, not a stagnant pond"

parents could provide partial financial support; and children whose parents were willing and able to pay the full costs. These categories were soon abandoned and applications were considered on individual merit. It soon became apparent that an application form was required, so that the information required to make an informed decision would be readily at hand.

In the uncertainty of the early years, considerable reliance was placed upon George Pycroft who was medical officer from 1864 until 1886. Pycroft had strong views on the problem of idiocy, and these will be discussed in some detail when we examine the asylum's system of training. He was well-versed in the medical literature on idiocy, and equally well aware of the history of the reform movement which had given rise to the Starcross Asylum. While he fully supported the efforts to educate and train idiots, he recognized strict limits in the degree to which various grades could be improved. Even when educated, an idiot would "remain an idiot till the day of his death." Yet it was not the thrust of Pycroft's thought to impose what we would now call a "medical model" on the asylum. On the contrary he felt that education and training were all that the asylum could provide and it should specialise in these as it saw fit, under the direction of a lay Superintendent. Certainly it was not a place which could handle children with severe medical problems.

Pycroft insisted repeatedly on the inappropriateness of accepting epileptics. Three months after the asylum opened he noted that one of the boys suffered from fits, and warned the Committee that they would not be able to care for him. He repeatedly urged adherence to the rule which rendered epileptics ineligible for admission. In April 1870 he reported examining two potential applicants to Starcross who were in the Exeter workhouse, and finding them subject to fits. He commented sardonically, "as it is a remarkable fact that fits always leave children for a year or two previous to their applying for admittance and return soon after their election, I think it would be as well to state to the Parents or Guardians that on the recurrence of epileptic attacks the children will be immediately returned to their hands."

It seems certain that by the later 1870's some of the optimism of the early years had evaporated as it became clear that only a minority of the children trained in the asylum would go on to an independent existence. This may have partly reflected the views of the new Superintendent and Matron, Mr. and Mrs. William Locke. In any event, it was at this time that the "weeding out" process was begun in earnest by the House Committee. It was Pycroft, always the "realist," who was asked to initiate this process. In 1877 he was requested to report on the "general state of the inmates" and to sort out those who could not derive much benefit from continuing at the institution. But Pycroft was not heavy handed and it was three months before he made his selection, recommending the removal of two boys and two girls. The Committee promptly gave them one month's notice, and accepted four new applicants. This procedure was repeated three months later, and again after another six months, by which time it had become part of the established routine. Meanwhile, since experience had shown that only a small proportion of idiot children could take advantage of the education which Starcross had to offer, admission standards became even more rigorous. This trend had the effect of transforming Starcross from a purely local and regional institution into one with a national catchment area.

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The first four children accepted by the Provisional Committee on October 14, 1864 were from Brixham, Exmouth, Rockbeare and Exeter. This established a geographical pattern which persisted into the 1880's - the predominance of a local catchment area. Up to the opening of the new building in 1877, nearly half of the children accepted came from within an area bounded by Brixham, Buckfastleigh, Crediton, Honiton and Budleigh Salterton. These are all within a 16-mile radius of Starcross (although actual road distances are often considerably greater). When asked in 1866 whether they would consider a case from Gloucester, the General Committee decided that this would be "a departure from the original design of the institution," and declined. A compilation from the Minute books of the source of admissions before 1877 yields the following:

Devon	46
Cornwall	6
Somerset	8
Dorset	0
 Total Western Counties	 60
 Other locations	 4
Origin not recorded	3
 TOTAL	 67

The licensing of the asylum under the Lunacy Act in 1875, and the provision of extra places in the new buildings from 1877 onwards, allowed a slow change to begin. By the mid-1880's about half of new admissions were coming from outside the four Western counties. Moreover, although there was always a steady trickle from the area immediately around Starcross, especially from Exeter, this local intake formed a smaller proportion of total admissions. The Annual Report for 1914 shows the origins of pupils in the institution for that year as follows:

Devon	62
Cornwall	15
Somerset	17
Dorset	9
 Total Western Counties	 103
 Other Counties	 203
 TOTAL	 306

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As the search for more able candidates intensified the catchment area expanded. By 1930, children had been admitted from Poor Law districts all over England and Wales.

Well before the turn of the century the growing national reputation of the asylum had become a source of considerable pride and satisfaction to the management and staff. This reputation was sometimes cited in contrast to the relatively static subscriptions and donations emanating from its traditional supporters within the region. The institution became increasingly dependent upon the revenues which flowed in from Poor Law guardians all over the country. It therefore increasingly stressed its ability to educate the higher grade imbecile. We will now examine that education and training system in more detail.

Delicate Plants that Will not Bear a Storm

The system of education and training of children admitted into the newly-opened asylum evolved on the basis of trial and error, which is not surprising given the inexperience of the early staff. The small amount of theory available was supplied mainly by George Pycroft who offered his services as medical officer in September, 1864. Fortunately, in addition to Pycroft's carefully written annual reports, the texts of two substantial addresses which he was invited to present were printed and are readily available. They were delivered at two successive AGM's, in 1882 at Truro and in 1883 at the Exeter Guildhall. In these he elaborated upon his views on idiocy as a medical and educational problem.

Pycroft was not one to be carried away by any spirit of public optimism, however widespread, unless it seemed to be based on reality. An idiot, he said, "is a born fool . . . He is not a person who has lost his wits; he never had any." While the lunatic suffered from a potentially curable disease, the idiot was the victim of an intractable congenital deficiency. The causes of idiocy were not at all clear and moreover, he told his audience in Truro, "not quite fitted for discussion before a mixed audience." But "lack of mental power" was usually associated with particular physical complaints. The idiot's circulation "is very feeble, and the warmth of his body lower than normal . . . and if he is not well cared for in the winter months his vital powers are so soon lowered by cold that in a very short time he will languish and die." Also, "the roof of his mouth is very hollow and of a peculiar shape, and he is subject to all those troublesome diseases, which require the greatest care in the superintendent to keep under . . ." Formerly thought to be incapable of improvement, idiots had recently achieved some progress in the asylums, "and the public, I fear, have rushed to the opposite extreme, and have been led to imagine that imbeciles are capable of instruction to a much greater extent than is really possible."

Despite his medical pessimism, Pycroft believed that improvements in the idiots' immediate environment could contribute substantially to their welfare. He complained if rooms and corridors were cold, if ventilation was inadequate, or space allowances insufficient. Like most medical practitioners of his day he was a firm believer in the efficacy of fresh air, and recommended the provision of outside playgrounds and the like. He also believed that in cases where physical health was stable, progress in education and training was possible and desirable. Indeed,

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educational improvement was the key to inducing humanity. "An idiot of a low type is little better than an animal, and one of an inferior order . . . without any education or skilled care [he] is a loathsome object."

Like Langdon Down (his counterpart at Earlswood) Pycroft believed in classification as a tool for the effective imparting of appropriate levels of instruction. There is no evidence in the Starcross records that the two medical officers had any contact or correspondence, but they were both affected by the same climate of medical opinion. Pycroft was not led towards an ethnic classification of idiots, but he did note striking differences between idiots from different social classes. He observed in 1875 that it was easy to pick out the ten pauper children who "appear to belong to a class strangely different from, and much lower than the other patients." For whatever reason, idiots exhibited wide variation in aptitudes and some showed surprising levels of ability in particular tasks (remembering the words of a hymn, doing up shoe laces and so on). Over-optimism, he believed, had been caused by a failure to discriminate among various levels of deficiency. Proper assessment and classification of children would allow them to be effectively sorted into suitable groups for instruction, and identify those who could no longer benefit from the programme available at Starcross. He believed, though, that idiots were far better off in special asylums than in workhouses, or wandering the streets of towns and villages.

In his Guildhall address, Pycroft described the process by which a new entrant was assessed, and how he or she made progress through various tasks and roles within the asylum. As medical officer, Pycroft was the first to examine the child:

I look him all over, test his mind and the state of his bodily health. I enter his description in a book which is called the Case Book. . . I put down whether he can speak, count, read, write, walk, dress himself, feed himself, whether he has the use of his hands, is mischievous, what his temper is, what the cause of his idiocy is and so forth.

Then followed a preliminary educational assessment conducted by the Superintendent, after which the child embarked on a "plan of improvement." The initial emphasis here was on physical improvement. Many of the new entrants were in poor health, so that exercise, fresh air, warmth and a good diet were combined with treatment of specific physical complaints. This was followed by a programme of physical activity, beginning with walking and marching, and working up to "drill exercises of all kinds." Next the child passed on to mechanical training. For a boy, this began with pumping water. When this task could be done successfully he was "promoted" to the garden roller "under the eye of the gardener," and then to "management of the wheelbarrow." At this stage the boy was judged "useful", and might be told to chop wood, or entrusted with "the responsible post of shoeblack to the Institution."

Attention now focused on fine motor skills with tasks assigned including seed sorting, buttoning and unbuttoning, and "the practise of a spoon and of the more difficult knife and fork." Those who successfully passed all of these steps were then introduced to the "first rung of the ladder of learning, the alphabet." Thence they passed to telling the time, learning "shop" with real money, and finally to serious instruction in a trade. The progression for girls was similar, but involved housework,

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needlework, laundry work and so on. All of this, according to Pycroft, was accomplished by "leading" rather than by force or anger, "for idiots must be treated gently and affectionately; they are delicate plants that will not bear a storm."

At the pinnacle of this programme was instruction in a skilled trade. Although basic academic skills were taught, there was little feeling by the mid 1880's that these could progress much beyond kindergarten level, except in rare instances. Also, since the pupils came almost exclusively from the households of manual workers they were expected to have natural affinities for manual rather than intellectual pursuits. The development and expansion of specialised workshops were therefore given a high priority. The high quality of the instruction and workmanship are among the most distinctive and successful features of the institution. The volume of output went on rising until at least the First World War, and made a significant contribution to the asylum's finances. The Annual Reports document in full the steadily expanding range of activities, levels of participation by the pupils, and production figures. The accompanying table, which is a condensed version of the data presented in the Annual Report for 1914, gives an idea of the impressive scope of these activities.

Workshop Production, 1914

Workshop enrolments: boys

Shoemaking	63
Tailoring	60
Basket making	76
Mat making	19
Sash-cord making	9
Brush making	23
Carpentry	16
Wood-carving	25
Weaving	20
Garden and Farm Work	162
Miscellaneous	127
	<u>600</u>

These involved a total of 207 boys out of a total of 239 under care.

Workshop enrolments: girls

Laundry work	24
Dressmaking	27
Needlework and Knitting	111
Honiton Lace making	30
Domestic work	55
Straw hat making	30
Miscellaneous	100
	<u>377</u>

These involved a total of 93 girls out of a total of 108 under care.

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Articles produced in the workshops**Items**

Weaving Shop	105
Basket Shop	2,742 (+103 repaired)
Mat maker's Shop	317 (+12 repaired)
Brush Shop	2,246
Shoemaker's Shop	541 pairs (+5,776 repaired)
Tailor's Shop	1,035 (+4,657 repaired)
Various girls department	9,771 (+23,490 repaired)

Income from sale of goods £632-4-7d.

The philosophy beneath this training programme was that of Séguin's physiological method, which was based in turn on the idea that sensory-motor activities could be used to place the child in closer contact with his or her environment (Baumeister, 1970). It is interesting to be able to document in detail the use of such a programme in the mid-nineteenth century. The fact that it was still pursued with such enthusiasm at Starcross in 1914 seems quite remarkable.

A New Name or a New Role?

At the turn of the century there was considerable feeling among the management of the institution that its official title "The Western Counties Idiot Asylum" had become inappropriate. When the name had been fashioned in cement on the front of the asylum in 1880, lack of space had led to the omission of the word "Counties." The letters, later coloured "Bright Indian Red," therefore spelled out "Western Idiot Asylum." In the first years of the new century, however, it was the words "Idiot" and "Asylum" which were in question. The term "idiot" seemed particularly unsuitable, since it had become a popular term of insult and abuse. Even when intended to be taken literally, it increasingly referred to the "lowest grade" of mental handicap. The term "feeble-minded," on the other hand, was a new invention, designed to cover those children without the visible stigmata of the idiot or imbecile, who were found unable to cope with the ordinary school curriculum. Before the gradual expansion of the school system (following the Education Act of 1870) this problem had scarcely arisen. By the turn of the century, the feeble-minded seemed to be everywhere. As for the word "Asylum," it was less troublesome to the Starcross Management, but seemed inadequate to portray the positive educational and training function in which they took such pride.

The first formal proposal came at the AGM of 1901 when the Earl of Devon moved that the title be changed to "The Western Counties Training institution for the Feeble-Minded." The solicitors foresaw no complications; after all both the Royal Albert Asylum and the Midland Counties Asylum had already substituted "feeble-minded" for "idiot," and the former had taken legal advice on the matter. The motion was approved.

During the following five months, however, a flurry of correspondence took place between the asylum and the Lunacy Commissioners, at the end of which the latter declared that they could not assent to the change. The Commissioners professed to be

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worried that the character of the institution might change, and that its receipt of the Treasury Grant might be placed in jeopardy. The Starcross solicitors were at a loss in trying to explain this reasoning, but the matter was nevertheless deferred. An indication of the strength of feeling is provided by the appearance of the new title on subsequent Annual Reports, despite postponement of any official change. This was eventually accomplished at the AGM of 1907.

The objections of the Lunacy Commissioners were, however, based on fundamental principles. The name change seemed to them to reflect a general trend among the voluntary institutions to claim effectiveness over the whole spectrum of mental handicap. The same objection had already been raised by the Charity Organization Society which claimed that these institutions had "recently included the 'feeble-minded' among those with whom they deal thus, in a manner, contrary to the movement towards specialisation, broadening their work so as to cover the whole field." The institutions however felt that a change of title (attempted in three cases and accomplished in two of them) merely reflected a recognition of a role which they had always played. Starcross, with its good record of improvement, was particularly anxious not to be stuck with the image, and later perhaps the reality, of a refuge for middle and lower grades, from whom the best prospects had been creamed off. As early as 1877 the Managers of the voluntary institutions had recommended that the term "feeble-minded" should be used "to designate the entire class of mentally deficient persons as in America." This was reinforced by a resolution passed at a strategy meeting in 1904 which moved that "the term feeble-minded be taken to include all degrees of weak-mindedness, from the idiot to the higher grade imbecile or so called feeble-minded." At the same time, however, the managers referred to their institutions as "imbecile asylums", and they were divided on the question of whether to cooperate with county councils on recent education legislation. They also disagreed on the matter of accepting idiots, and whether it would be best to be seen to be open to idiots, but to keep those which they agreed to accept in buildings separated from the "improvable cases."

Ironically, public opinion had reversed its perception of the source of danger stemming from mental defectives. Traditionally, threats had been perceived on an individual basis, and so in general the greater the deficiency, the greater the threat. By the late nineteenth century, the perceived threat was a social one, and was thought to be posed by those hidden defectives who, despite an absence of physical stigmata, were of much lower intelligence than the normal population. It was these people who became known in England as the "feeble-minded." The managers of the institutions, in calling for the American-style generic use of the term "feeble-minded," proposed that this (mildly retarded) group be called "backward." The lack of a specific term in the United States led H. H. Goddard in 1913 to coin the term "moron" for this marginal group whose development was believed to be "arrested" at a mental age of 8-12 years.

The major source of public concern which arose in relation to "morons" or "backward" people was their alleged capacity for rapid reproduction. Although they could normally cope with a certain amount of school work, and did not require constant medical attention, their moral nature was regarded as so poorly developed in relation to their animal instincts that they threatened to overwhelm the naturally intelligent

sections of the population by sheer numbers, and literally to demoralize the race. The only solution to this massive social problem was segregation: separation into specialized institutions within which the sexes would be rigidly partitioned.

In the circumstances, one option open to the voluntary institutions was to take advantage of the new clientele created by these demands for institutionalization of the feeble-minded, and have done with the more difficult and frustrating task of attempting to train idiots. It is possible that Locke was attracted by such a strategy. It would have been a logical progression from the trends of the previous 30 years. As one commentator noted in 1905, "Mr Locke does not hanker after idiots," and a shift of intake from high grade imbeciles to the feeble-minded might have seemed a small step.

It may also have been this viewpoint, rather than any predilection for the use of "feeble-minded" as a generic term in the American style, which prompted the move to change the institution's title. However this may be, it is clear that the name change was by no means a trivial issue. It was symptomatic of a much broader re-orientation of attitudes towards people with a mental handicap, and it mirrored the enormous national confusion surrounding the whole issue. The definition, etiology, typology, terminology and treatment of mental deficiency, and the nature of its supposed threat to society, were all caught up in a whirlwind of myth and misunderstanding. It was this situation that the Royal Commission on the Care and Control of the Feeble Minded was supposed to address.

The Growing Crisis

With hindsight the threat to the traditional role of Starcross can be traced to the 1899 Education (Epileptic and Defective Children) Act or in a broader sense even back to the Education Act of 1870. However, it is not until after the turn of the century and especially after 1903-4 that one detects a growing sense of concern within the institution itself. Pressure seemed to be coming from all sides. Submissions were made to one group, representations to another. Education reform affected one end of the spectrum, the neglect of discharged idiots the other, and all the while the operations of the institution were to some extent subject to the control of the Lunacy Commissioners whose major concerns were in another field, but who constantly bemoaned their lack of complete jurisdiction over mental handicap institutions. All of this was tolerable while Starcross and the other institutions operated under the Idiots Act of 1886, which at least allowed them to control the quality of patient intake, and the kind of education and training which they provided. Once the various pressures had pushed the Government into appointing a Royal Commission, however, it became clear that the very existence of these institutions was threatened. Yet there was no way of predicting what kind of recommendations might come from the Royal Commission, or what the legislative consequences, if any, would be. Apart from indignation at not being represented on the Royal Commission, the institutions had, in 1904, no coherent reaction, still less a strategy. However, they did decide that the future lay in some sort of cooperation, and this was instituted for the first time under a challenge to their survival. Although Starcross had achieved a national catchment area for its intake of pupils, it was at the turn of the century still a rather inward-looking, provincial institution. Its participation in the unprecedented cooperation among the voluntary

institutions in the face of a common threat marked the beginning of the end of the old order.

The Managers of four of the institutions, including Starcross, had co-operated once before in 1897 when they responded to questions addressed to them by the Departmental Committee on Defective and Epileptic Children. Their answers emphasized their role as institutions for imbeciles. They suggested that the schools should identify backward children for examination by "experts who have had experience in Imbecile Institutions" and, where appropriate, certify them as imbeciles and send them to one of the institutions. The existing asylums should be retained as training institutions with kindergarten-style instruction especially for higher grade imbeciles, together with intensive training in a variety of manual skills. Because they would be unable to fulfill the demand, they should be supplemented by new state-supported establishments. The model provided by the Elementary Education (Blind and Deaf Children) Act of 1893 could, they maintained, easily be extended to deal with imbeciles.

The ensuing Act of 1899, however, largely by-passed the institutions and placed the responsibility for providing facilities for backward children on the county education authorities. In assuming its responsibilities under the Act, the Devon Education Authority approached Starcross in 1904 with a proposal which would allow the institution to accept several of the "defective" children who had come under the Authority's jurisdiction. In view of the opinions expressed in 1897 and the train of subsequent events it is not surprising that Starcross was open to, perhaps even flattered by, the suggestion. It arranged a conference in July, 1904 in which the issues were carefully reviewed. There would clearly be problems of jurisdiction. Nothing must be done which might prejudice the institution's status under the Idiot's Act, according to which pupils were currently accepted. Also, the consent of the Lunacy Commissioners would be required, even if a separate part of the institution were to be set aside for education authority pupils. The institution would insist on retaining jurisdiction over admissions, and no blind, epileptic or deaf mute cases could be allowed. Also, it would require (but also, one senses from the minutes, provide an opportunity for) the weeding out of several existing pupils. There were good reasons, however, for trying to surmount these difficulties. The proposal would, if implemented, tend to increase the quality of pupils at Starcross. Moreover, if the Authority were forced to build its own institution, this would be costly for the county, and potentially quite damaging to Starcross. The suggestion again surfaced that the way would be smoothed by a change of name to "Training Institution for the Feeble-Minded," and it was suggested that this might be accomplished by means of a Private Members Bill in the House of Commons. In any case, it was resolved that the whole question of the Education Authority's proposal would be pursued with the various authorities, and the process would begin by seeking an interview with the Lunacy Commissioners.

Such was the fluidity of the situation that within four months of these events, Locke was in London at a conference designed to defend the voluntary institutions on a different battle front. The conference had been arranged by the group now calling itself the Managing Officials of the English Institutions for Imbeciles. All five institutions were represented as the conference assembled at the Westminster Palace Hotel on November 17th and 18th 1904, to discuss implications and strategies relating

to the Royal Commission. The conference records provide a fascinating and unique picture of the institutions as their officials discussed problems and tactics with considerable candour (the typed manuscript has the word "private" handwritten across the top of the title page). Of particular value to this study is the clear indication that Starcross possessed several distinctive features which marked it off from the other institutions, and made it in many respects the one with the most to lose from legislative changes. The Western Counties Asylum had clearly made the most of its status under the Idiots Act.

The major features which comprised this distinctiveness are presented in tables attached to the Minutes. First, Starcross had by far the largest number of pauper patients, more even than the huge Royal Albert Asylum. In percentage terms the pauper population at Starcross was overwhelming - 96 per cent of the total patients compared with 35 per cent at the Royal Albert and considerably less at the others. Interestingly, Earlswood had no pauper patients at all:

Types of Patient in the five institutions

<u>Class</u>	<u>Earls- wood Asylum</u>	<u>Royal Albert Asylum</u>	<u>Eastern Counties' Asylum</u>	<u>Western Counties' Asylum</u>	<u>Midland Counties Asylum</u>	<u>Total</u>
Life Payment	41	12	6	0	0	59
Life Election & Presentation	62	2	12	0	0	76
Retained Free	6	0	0	0	0	6
Full Payment (£60 a year and upwards)	110	17	7	0	0	134
Reduced Payment	29	106	36	10	33	214
Election	234	270	142	0	41	687
Pauper	0	219	50	261	31	561
TOTAL	482	626	253	271	105	1737

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Secondly, Starcross's policy of not admitting epileptics, and removing them when they did gain entry, was startlingly revealed in the data. Other institutions obviously were much more accepting of epileptic patients than Starcross:

Epileptic Patients in the five institutions

Earlswood	74
The Royal Albert Asylum	71
Eastern Counties' Asylum	19
Western Counties' Asylum	1
Midland Counties' Asylum	25
Total Epileptics	190

Another illustration of Starcross's distinctiveness is provided by a table of patients classified according to mental capacity. Starcross had fewer higher-grade imbeciles than the much larger Royal Albert, but in percentage terms it was far ahead with 57 percent of its patients thus classified as opposed to the latter's 37 percent. At the other end of the scale, Earlswood had by far the largest number of idiots, with a rather similar percentage breakdown to the much smaller Midland Counties Asylum at Knowle:

Patients in the five institutions, classified according to Mental Capacity

	Earls- wood Asylum	Royal Albert Asylum	Eastern Counties' Asylum	Western Counties' Asylum	Midland Counties' Asylum	Total
Idiots	222	85	94	27	49	477
Imbeciles	178	308	91	90	29	696
Higher-Grade Imbeciles	82	236	68	154	27	564
TOTAL	482	626	253	271	105	1737

Prior to the Conference the chairman, James Diggens of the Royal Albert, had circulated a list of "Notes for Consideration," but these were put aside initially while the managers expressed their indignation at their lack of representation on the Royal Commission. Obviously piqued at being overlooked, they resolved not to give evidence before the Commission unless actually summoned to do so. If merely invited, they would respond that "they had no particular desire to give evidence" but would cooperate if it were thought that "anything they could say would be of use." Having

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thus distanced themselves from the Commission, the managers then settled down to speculating in considerable detail as to what it might recommend, and how the various possibilities might be met. The discussion may be followed around several circles and contradictions, and a certain amount of emotion obviously lies beneath the cold typewritten pages. No solution was found to semantic problems, although the adoption of the term "feeble-minded" as a generic term was yet again recommended. Turner of the Eastern Counties spoke forcefully against any involvement with the Education Act, and seemed alone in emphasizing the predicament of low grade idiots who were increasingly left behind by the emphasis on education. All, without exception, were apprehensive about what the outcome of the Royal Commission might be, yet there was no consensus on strategy. Ultimately, they fell back on maintenance of the Idiots Act, or perhaps amendment of it, as their final position. Mr. Locke "feared that the Western Counties Asylum would be practically done away with." Mr. Turner replied that they were "all in the same boat."

The Royal Commission and the Mental Deficiency Act.

The details of the hearings of the Royal Commission on the Care and Control of the Feeble Minded and the subsequent legislation are beyond the scope of this study, and only a few points of particular relevance can be mentioned. The voluntary institutions were affronted by some of the early testimony, and they protested loudly. They were especially upset by some statements by Mary Dendy, an education worker from Manchester, who maintained that the institutions had stopped admitting idiots, and were concentrating on the higher grades (the question of the name changes surfaced yet again). Shortly afterwards Locke and the other managers were invited to give evidence. They accepted, and gathered in Starcross to compare notes. Also, the institutions gained a measure of permanent representation at the sessions. Locke gave evidence to the Commission on August 4, 1905, and on his return to Starcross indicated his pleasure at having received a sympathetic hearing. The Commissioners visited Starcross the following October. Subsequently, more ambitious travel plans took some of them to the United States, where they appear to have been impressed by what they saw. In 1909 one member of the Commission, Mrs. Hume Pinsett, gave a speech in Plymouth (as reported in the *Western Morning News*) in which she compared the plight of pauper defectives in England with a much more hopeful situation in the United States. In England it seemed that everything was done to discourage a respectable workman who attempted to gain care and training for his mentally defective child: if he did his duty he became a pauper. In America she had seen low grade cases doing a fair day's farm work and we should follow their example by treating "inefficients" methodically and rationally by providing industrial training and continuous control. This meant giving greater support to the idiot asylums.

When the Report of the Royal Commission was finally published in 1908, it stimulated five long years of intensified debate and several attempts at legislation. Several national newspapers, especially *The Times* embraced the eugenics cause. Private Members' bills containing provisions which would for example have prevented mental defectives from marrying were defeated or superceded. Finally in July 1913, the government's own bill completed its passage through Parliament, and became

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effective on April 1, 1914.

The provisions which had the greatest effect on Starcross concerned the establishing of one central body - the Board of Control - to oversee all types of mental defectives; new and potentially complicated certification procedures; and compulsory commitment of individuals to institutions in certain cases. In particular, Section 2 of the Act provided that a person could be put under guardianship, or placed in an institution if defective and found abandoned or neglected, or if he was guilty of any criminal offence, or was an habitual drunkard, or "had been found incapable of receiving education at school, or . . . by reason of a disability of mind might require supervision after leaving school." Clearly there was considerable scope here for social undesirables of all kinds to be placed in institutions. Also, "certification" was not supposed to be permanent, but subject to review after one year and then after every five years. Again the *de jure* and *de facto* situations were likely to grow further apart.

The effects of the Act on institutions like Starcross were delayed by the War, and there was a period of considerable variation and uncertainty which lasted until well into the 1920's. The initial reaction at Starcross was that they were about to take a leap in the dark. The Annual Report of 1914 took a few sideswipes at the new Act. Locke commented that the ultimate effects were "impossible to see," but that building extensions for new children and a separate building for adults would be necessary. New staff would also be needed as the regulations were met. But the main problem was definition: chaos reigned as various terms were used interchangeably.

The result is that much confusion appears to exist in the minds of medical practitioners with regard to the proper classification of cases, hence we have Education Authorities desiring to send us "Idiots" or low grade "Imbeciles" who have been certified as "Feeble-minded" and other Authorities sending us high grade "Feeble-minded" cases certified as "Imbecile" - a hopeless muddle!

The Chairman of the Committee, Major A. W. Nevill Thomas also commented unfavourably on the Act in his Report, regretting that "the simple machinery of the Idiots Act should have been discarded." It was inappropriate, he said, that "an educational institution such as ours" should be governed by "a cumbrous method of procedure, based upon the Lunacy Act." The necessity for certification and re-certification was particularly burdensome. Nevertheless, he was at least grateful that an Act supporting institutionalisation had passed. (A small radical element led by Josiah Wedgwood and reduced ultimately to three in the House of Commons had declared themselves opposed to institutions and had been the only Members of the House to vote against the Bill). Passage of this Act would at least ensure a continued demand for places in the Asylum.

What really worried Major Nevill Thomas, however, was the kind of applicant they might be required to accept. The sober words of his written report fail to convey the depth of his feeling on this issue. There survives in the records a verbatim report of the 1914 AGM at which the Major delivered what can only be described as an outburst. It may be regarded as a final gasp of protest by the old order at Starcross, and a cry of defiance against the new. The Minutes are worth quoting at length.

"A flowing stream, not a stagnant pond"

It has been suggested that, being a Devonshire Institution, we should do our best to meet the Devonshire Authorities, and take a large part of their low grade patients. All I can say is that that will not be done. There is no doubt the Committee are most determined, from the President down to the lowest member of the Committee, to keep this House full, and to keep this House full of the same class of patients we have always had. I want that to go out, because I do not want it to be supposed that we are going to take blithering idiots, and so go back 40 or 50 years. We are going to continue to take the highest class of feeble-minded, like we have done for the past 15 years (applause). We shall do our best to meet the Authorities, but in doing that we shall not take a lower class of patient - mental defectives - than we are taking at present. We have spent a tremendous lot of money on rooms and appliances for teaching, and are not going to have them wasted by having a lot of blithering idiots, who cannot learn. We are going to take the very highest class of mental defectives, and teach them to the best of our ability. Another year, I hope to see a larger number of people in this room at the annual meeting, because then we shall have completed our Jubilee. We shall then have been in existence for 50 years, and I hope another year we shall have a large party to celebrate our jubilee. Next November we shall complete 50 years of existence as an Institution (applause). I could only say one other thing, viz., that this Mental Deficiency Act has come into force on April 1st. I do not think the Government could possibly have chosen a more appropriate day (laughter).

The Inter-War Years

By the outbreak of the First World War, Starcross's identity as a training institution for educable feeble-minded children was firmly established. The feeling had become deeply engrained that it could not at the same time act as a custodial establishment for imbeciles and idiots, especially not adults. During the inter-war period this identity was sharply challenged from outside. Having failed to gain any influence over policy changes at the national level, the institution was thrust directly into the unpredictable world of local authority politics. During the War its old identity began to slip away, but its new role had yet to be defined. By 1920 it was clear that survival depended on cooperation with the local authorities. In direct contradiction to its former philosophy, Starcross was obliged to become both a training school and a custodial institution. Refusal to accept this would likely have resulted in the loss of its educational function, thereby rendering it totally custodial, and might even have threatened its very existence.

Although the Jubilee celebrations of 1914 were muted by apprehension at what the future might bring, the dominant mood was one of determination not to allow the Mental Deficiency Act of 1913 to undermine what had been achieved since 1864. As we have seen, Starcross had made more use than any comparable institution of the flexibility provided by the Idiots' Act of 1886 to attract the most improvable children it could find. The main effect of the new Act was to remove the bulwark which had protected this endeavour. The outburst by Major Nevill Thomas at the 1914 AGM shows the depth of feeling on the issue of admissions, but there was also a realization that the preservation of a highly selective admissions policy would depend more on practical measures than on emotional reactions. The Management Committee,

meeting on February 26, four weeks before the new Act came into force, firmly rejected the idea of allowing the institution to be used for hopeless, unimprovable patients, especially adults, whether or not they were sent by local authorities. Such concessions, it was felt, would serve to undermine the status of Starcross as a training school. The committee resolved to re-assert its traditional admissions policy and continue to focus on educable children of school age - 7 to 16 years. It recognized that this would be possible only with a clear understanding between the institution and the local education authority, and would be more likely to succeed if Starcross were to seek recognition under the Education (Defective and Epileptic Children) Act of 1899.

The committee moved with great haste and efficiency. Agreement was rapidly attained with the Devon Mental Deficiency Committee under which Starcross would accept its pupils, provided that support payments or capital improvement grants were forthcoming. As soon as these were assured, Starcross would immediately accept 12 pupils, and could probably arrange to take a total of 20 to 25 more within the existing buildings. Further acceptances would be made as the building programme permitted. However, no blind, deaf-mute, insane, epileptic or tubercular cases would be admitted. The issue of certification under the Education Act now became paramount, since this whole programme depended upon it. Fortunately, the Board of Control (which assumed jurisdiction from the Lunacy Commissioners in 1914) raised no objection to Starcross holding a licence under the Education Act in parallel with its licence under the new Mental Deficiency Act. In July 1914 the Board of Education agreed to certify Starcross as a residential training school upon receipt of plans for new schoolroom and dormitory construction. On August 1 the Buildings Subcommittee approved one of three plans which they had commissioned for extensions to both the boys' and girls' wings, together with extended workshops and a new recreation room for girls, providing room in all for an extra 170 pupils. Final certification arrived from the Board of Education in October, licensing Starcross as a Residential School for 83 boys and 52 girls.

The reason for this initiative, undertaken with great dispatch, was to keep the applicant pool as open as possible. Given the utter confusion with respect to assessment, classification and terminology, the Management at Starcross were no doubt confident that the anticipated wave of applications under the Mental Deficiency Act would include a sufficient number of "improvable cases," as in the past. The Management had great faith in their ability to identify these, so that, unless forced to surrender their autonomy over admissions, they might go a long way towards maintaining traditional standards.

In a further attempt to protect the institution's independence, the Management sought and obtained registration under the Companies Consolidation Act of 1908. It thus became an Incorporated Society, a legally recognized entity registered with the Board of Trade, with a new title: The Western Counties Institution, Starcross.

At the end of this important year the Board of Control requested a meeting to discuss several points concerning the proposed buildings. The main outcome of the meeting was a recommendation by the Board that the institution acquire more land. The existing acreage would allow expansion to accommodate up to about 7-800 patients; the Board clearly had greater ambitions. Within the next few months various

acquisition possibilities were explored. Elm Court and several fields were purchased from the Earl of Devon, and Folly Cottage in Church Road was also acquired.

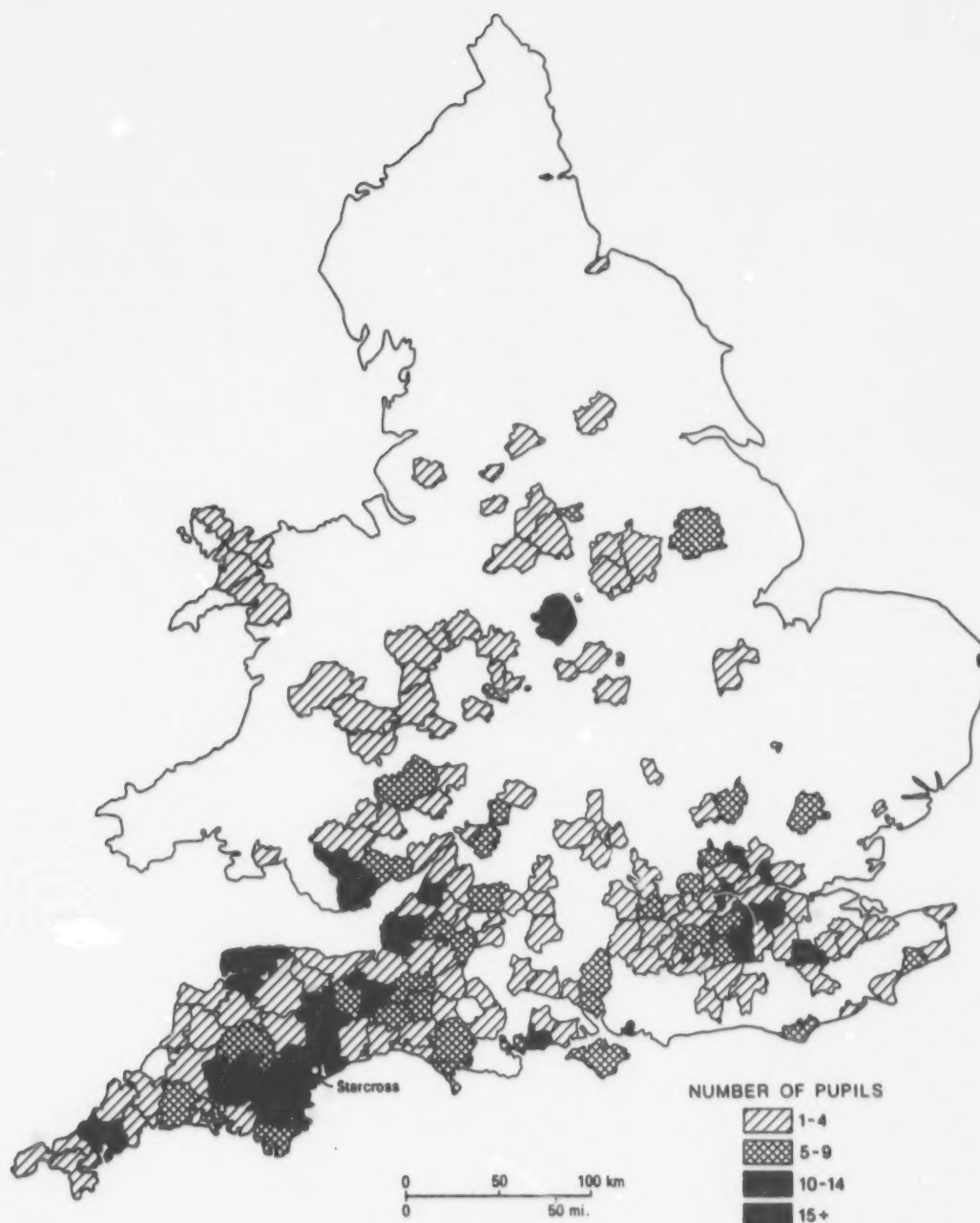
By the middle of 1915, the pace of activity had slackened as the War began to have a considerable impact on the institution. Eight members of the staff, including the Schoolmaster, left to join the Forces, with promises of continued full pay and a job to return to. Staff shortages everywhere necessitated the training of a few of the senior pupils to act as attendants, an experiment which was reported as successful. Several smaller changes occurred: festivities such as Bonfire Night were cancelled, Christmas became a low-key event, large areas of the front lawns were dug up and given over to vegetable gardens. The Management Committee also had to consider such items as whether the buildings should be insured against damage from enemy attack. The biggest casualty of the War, however, turned out to be the proposed extensions, which were never built. Other projects were delayed; Elm Court (purchased in 1915) was not fully opened until 1920, when it became home to 38 women.

Although the War delayed the impact of the 1913 Act, neither it nor the determination of the Management could forestall for long the inevitable transformation of Starcross. As before, the best indicator of change is to be found in the pattern of admissions. The maps on the following pages show the origins of the pauper patients during three time periods. Between the Idiots Act of 1886 and the onset of War, the catchment area extended to all regions of England and Wales. The accompanying graph shows the percentage of admissions from outside the four Western Counties for each year between 1864 and 1930. The dramatic geographical change in response to the intensified search for improvable cases in the 1880's is clearly shown. Equally, the changing circumstances of the inter-war years resulted in a slow but steady reversal of this earlier trend. The year-to-year fluctuations are quite broad, but the trends are clear. Under the Idiots' Act, the non-Western Counties proportion of the intake averaged about two-thirds of the total, reaching almost to 80 per cent in 1907. After 1915 the proportion declined steadily. Extended discussions with the Devon County authorities resulted in an agreement that most of the places at Starcross would be allocated to patients from the home county. The remainder would go to the other three Western Counties. Patients from elsewhere began to be discharged, and after 1923 the numbers admitted from outside the region were reduced almost to zero.

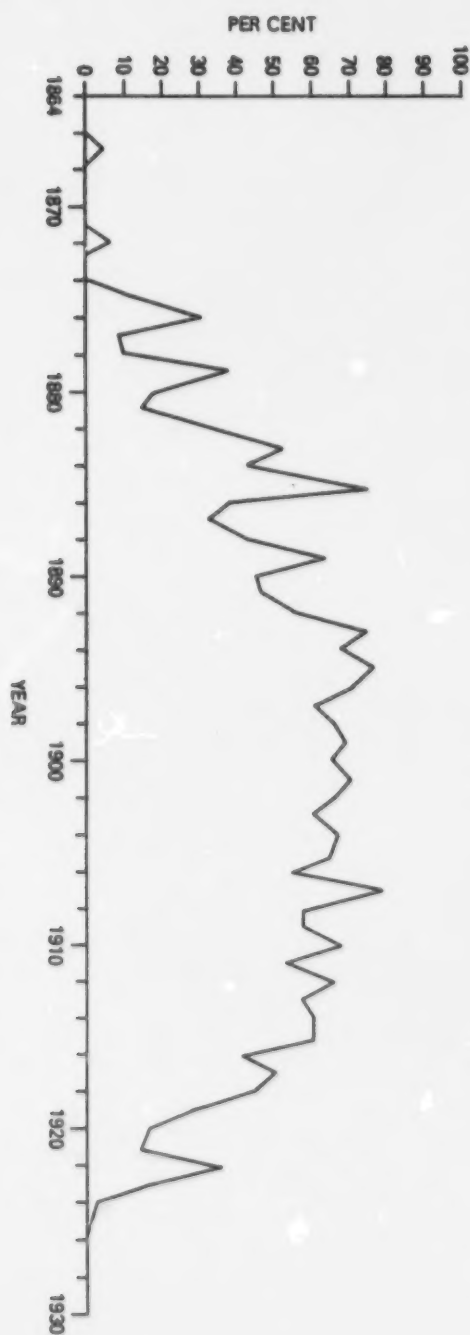
Just as the expansion of the catchment area before 1914 was associated with a search for the most improvable cases, its rapid attenuation in the inter-war years was combined with a marked decrease in the average ability levels of children admitted. Admissions were made under both the Education Act and the Mental Deficiency Act, with the latter tending to predominate over time. During the 1920's, intelligence testing was introduced for all admissions. A tabulation and assessment of mental ages printed in the Annual Report for 1930 provides a useful indication of the institution's view of its intake. The table lists the mental ages of those admitted as measured by the Binet-Simon test. Chronological ages are not given. The mental ages of the children admitted under the Education Act do not differ greatly from those under 16 years of age who were admitted under the Mental Deficiency Act, another indication of the level of confusion over classification and terminology. Seventeen, including three education cases, were unable to respond to the tests at all. These are described as



POOR LAW UNIONS SENDING PAUPER PUPILS TO STARCROSS, 1864-1886



POOR LAW UNIONS SENDING PAUPER PUPILS TO STARCROSS, 1887-1914



NON-WESTERN COUNTIES PUPILS AS A PERCENTAGE OF TOTAL ADMISSIONS, 1864-1930



POOR LAW UNIONS SENDING PAUPER PUPILS TO STARCROSS, 1915-1930

mainly "imbeciles of the lowest degree, possessing little or no appreciation of common physical dangers, and . . . subject to fits." The others showed considerable variation in ability. "Some are unable to name the days of the week, or recognise coins, or understand simple commands, but others though much behind normal children of the same age, possess a fair amount of intelligence."

Binet-Simon Test Scores for pupils admitted in 1929-30

Mental Age	Education Act	Mental Deficiency Act		TOTAL
		<16 years	>16 years	
9 and over	1	1	5	7
8	2	2	10	14
7	5	3	4	12
6	3	9	5	17
5	5	3	1	9
4	2	1	1	4
3	1	3	0	4
No response	3	9	5	17
TOTAL	22	31	31	84

The diversity of the institution's population was also increased during the inter-war years by the admission of significant numbers of adults. Reductions in the rates of discharge also meant that it became the norm for a child to enter with the expectation of being confined for life. Having served his or her time under the Education Act, a child would frequently be technically discharged, only to be immediately re-admitted under the Mental Deficiency Act. One result, of course, was that patient numbers expanded rapidly, and overcrowding became a major problem. In 1930, despite the crowding of extra beds into dormitories and the acquisition of extra houses, the waiting list of approved candidates reached 100.

At the same time the institution had to accommodate increasing numbers of children -- usually among the most able intellectually -- who had been certified as mentally deficient by the Courts. They had "given trouble because of their moral weak-mindedness" and had been charged with a wide variety of offences. Their arrival at Starcross was a direct result of the provisions of the 1913 Act.

Thus, within a decade of the end of the First World War, Starcross had begun a fundamental transformation in the composition of its resident population. Our evaluation of how it coped with the new situation is impoverished by the absence of committee minutes for the 1920's, but there is no doubt that a continued effort was made to encourage and cater to the more able pupils, while pressing continuously for new facilities to accommodate the largely "hopeless" rank and file.

The most encouraging developments during the interwar years concern the provisions made for the educable minority. The most innovative of these was the

establishing of a girls' hostel in the centre of Exeter at a location known as Dix's Field. The aims, which have a familiar ring to modern ears, were to allow selected patients to live in an ordinary neighbourhood, and to pursue as normal lives as possible, including regular employment at customary wage levels. The hostel, which was opened in February, 1930, was staffed by a resident Matron and two nurses, with some additional assistance from a third part-time non-resident nurse. It provided accommodation for up to 19 high grade patients who had proved themselves suitable

candidates by their conduct at Starcross.

The success of the hostel depended upon the careful preparation and supervision of the girls, who were trained to work as maids in domestic service. Employers were selected with great care, and provided jobs in households within walking distance. The girls made their own way to and from work, but their times of arrival and departure were checked with their employers, and a daily register was kept. In between jobs their training was continued and extended while another situation was sought. Their earnings, which in 1930 averaged 10 shillings per week, were their own, but were carefully controlled. One-third was deducted for payment to the local authority which was responsible for them, a small amount was given out as pocket money, and the remainder was deposited in a bank account in their own names. The girls had a



Girls' hostel at Dix's Field, Exeter

much greater level of personal freedom here than in the institution. They could attend local entertainments, take city walks, attend dances, and write letters whenever they wished.

A more general trend towards the liberalization of suitable patients was the system of "licensing" which was introduced in 1921, and expanded rapidly after 1924 when a Board of Control circular was issued encouraging its implementation. A patient who was judged able to live outside the institution but who might still require refuge was licensed to live out in the care of relatives or friends. By 1930, 71 of the 633 patients "on the books" were on licence. It was a practice which required careful control, since a single untoward incident could prejudice the viability of the whole venture. Public opinion tended to be highly sceptical of the system, but in general it seems to have been conducted with a great deal of success.



The dining room at the girls' hostel

Within Starcross itself a number of provisions were made to enhance the lives of the more able patients. The licence obtained from the Board of Education both allowed and required the provision of a school for those children resident under the Education Act. The school functioned in much the same way as it had done before the War. Known after 1937 as the Courtenay School, it normally held classes during the mornings, leaving the afternoons free for other activities. Among these activities were a Scout troop and a Company of Guides, founded in 1925 and conducted successfully for several years. The annual Scout camp and various excursions by the Guides (Paignton Zoo was a favourite destination) afforded some of the more able children a temporary escape from the institutional environment. Football and cricket were encouraged by the formation of intra-mural leagues, regular sports days were held, and the band continued to flourish.

What of the craft workshops which had been an integral part of the pre-war train-

ing philosophy? Occupational training continued to be emphasized, and until the 1930's something of the quality of the output was maintained, while the quantity in some cases increased. But an ever smaller proportion of the patients were able to participate. Even so, the workshops became overcrowded. The photographs of workshops which appear in the annual reports of the 1930s are reprints of those taken for the report of 1914. Clearly there was little to boast about, but at least the workshops were retained, and production and training continued. The participation rates for 1929-30 are shown in the accompanying table which may be compared with a similar one in the previous chapter. One of the most successful of the activities was farming. In 1924 Witcomb Farm, a 66-acre site near Kanton, was leased from the Earl of Devon. Patients were trained in farming methods in the farm buildings and there was now much more space to engage in farming activities, which had previously been restricted to the grounds around the institution. One motive for the expansion was to increase home food production, thereby holding down costs.

PARTICIPATION IN OCCUPATIONAL ACTIVITIES 1929-30

Males

Farm	40	Bakery	3
Poultry-keeping	3	Kitchen	10
Tailoring	44	Weaving	12
Shoemaking	46	Engraving	4
Carpentry	23	Clothing	5
Brushmaking	18	Laundry	9
Matmaking	11	Plumbing	2
Basketmaking	27	Odd jobs	10
Painting			5

Females

Tailoring	6	Rugmaking	8
Dressmaking	8	Laundry	18
Needlework	24	Clothing	4
Shoemaking	12	Lace-making	10
Machine-knitting	10	Angora wool spinning	4
		At the hostel	15

Another trend was the selection of several of the more able patients as helpers to assist the staff in carrying out daily duties, and provide some leadership and supervision for their less fortunate colleagues. The practice had developed in earlier years, and at the turn of the century several former patients actually became full-time members of the staff. The wartime labour shortages formalized the idea, and during the 1920's "working boys and girls" became an integral part of the system of care and supervision. While susceptible to criticism on several grounds (and certainly discredited in the 1970's) this system did offer some scope for self-improvement and enhanced self-esteem for several of the more able patients.

Improved medical care meanwhile brought benefits to all patients as medical supervision became more thorough during the inter-war period. The appointment of a dental surgeon brought great improvements in dental health. All new patients were given dental inspections soon after admission; in 1929-30, for example, the dental surgeon treated 329 boys and 151 girls.

Overshadowing all of these developments was the steady erosion of the institution's autonomy. The most important step in this gradual process was the Agreement of 1929 which placed the institution under the control of a Joint Board comprising 11 representatives from the local authorities of Devon, Somerset, Dorset, Exeter and Plymouth, and 10 members of the Management Committee. From this time onwards Starcross was effectively dominated by local government.

The Langdon Scheme

Closely bound up with the struggles over control of the institution was the evolution of the most notable development of the interwar years: the Langdon extension. The need for a labour colony which would provide a home for former Starcross patients had been demonstrated by Ernest Locke as early as 1903. Locke had recognized that a high proportion of those discharged from Starcross were in need of continued supervision, and he recommended that this be provided in a colony where sheltered but productive labour could be used to produce foodstuffs which could be marketed to pay for patient maintenance. Locke saw this as requiring state intervention since it would be beyond the scope and resources of a private institution and its objectives would be incompatible with those at Starcross. In contrast, the 1920's found Starcross not only as a leading advocate of such a scheme, but a chief participant in it.

The Langdon scheme was very much a product of its times. It was part of a necessary response to the increased scale of institutions imposed by public demand for a custodial model of care for the mentally deficient. Colonies were advocated both by the 1908 Royal Commissioners (who were impressed by those which they visited in the U.S.) and by the Mental Deficiency Committee which sat from 1924 to 1929 (Alaszewski, 1986). Locally the selection of Langdon confirmed the trend set in 1920 towards the selection of Starcross itself as the chief mechanism in the Southwest for meeting this demand. Starcross had already accepted the idea of cooperation with local authorities when it had become clear by 1920 that no alternative could assure its survival. The negotiations surrounding the Langdon scheme mark the psychological acceptance of a future role which would involve catering for "all grades" of mental handicap, largely under public control.

The initiative was taken by the Board of Control, which in March 1925 held a conference to discuss "the question of the accommodation of all grades of mental defectives at Starcross." Representatives from the local authorities of Devon, Cornwall, Somerset, Dorset, Plymouth, Exeter and Bath also attended. The Management Committee of Starcross was urged to acquire about 100 acres of land close to the institution, on which several villas, each housing about 50 residents, could be constructed. In the initial phase patients from Devon and Cornwall only would be involved, but Starcross was urged to accept "all grades." This the management agreed to do, while pointing out that it would require the discharging of several non-Western

Counties pupils. As a result, many of the most promising were let go.

This was the first of many conferences on the matter, but progress was slow, largely due to the reluctance of local authorities to commit funds. By 1926 there was general acceptance that the colony should house about 1000 patients. In 1928 Langdon Farm, a site of nearly 100 acres, was acquired as its probable location. The Management Committee repeatedly declared its willingness to cooperate with local authorities and to admit all grades. During the late 1920's and early 1930's statements from Starcross deplored the delay being caused by lack of agreement. After 1930 the scheme was held up only by the reluctance of the Devon authorities to commit funds for construction on a site which it did not own for a facility which it did not fully control. The other counties had accepted their own (much smaller) levels of commitment, though Somerset appeared to equivocate for a time. By far the most enthusiastic proponent of the scheme, in fact, was Starcross itself.

Why did the institution support so strongly a development which was the negation of its traditional philosophy? The main reason is that it saw even more clearly than in 1918-20 the impossibility of surviving with educational pupils alone. Local authorities all over the country were making a variety of provisions for the children with a mental handicap in their care. School programmes were expanding and Starcross's traditional sources had all but disappeared. Its own internal school continued to rely on teachers who were without formal training qualifications, and it was therefore vulnerable in an age of increasing professionalism. In addition to providing educational programmes, county authorities everywhere were also building institutions for uneducable children and adults. Should the counties of the Southwest decide on programme expansions of their own, Starcross might be by-passed even on its home turf.

Sstarcross therefore seemed to have little alternative but to bow to the inevitable. Once accepted, the expansion policy was pursued with enthusiasm. Indeed, although the prospect of having to absorb large numbers of low grade adults and unimprovable children was not an attractive one, there were nevertheless compensating factors. By agreeing to accept "all grades" the Management was at least improving the chances that a proportion of the region's most improvable children would be included in its intake. Refusal to cooperate with the local authority might have resulted in the loss of this group, thereby rapidly transforming Starcross into a purely custodial institution. By agreeing to accommodate a wide range of people, Starcross would diversify by continuing to exercise its traditional educational function, while creating additional facilities for its newly acquired clientele at the lower end of the intelligence scale. In the words of the 1927 annual report: "There seems to be no reason why the Western Counties Institution should not become the centre of all mental deficiency work in the district."

Yet even this fails to account for the level of enthusiasm with which the Starcross management embraced the idea of the Langdon colony. The real key to the explanation is to recognize that Langdon was seized upon as a way of preserving Starcross and even allowing it to revert to its previous role. Traditional admissions standards could no longer be applied to the institution as a whole — this much had already been conceded. But the establishment of a large colony would allow the continuation of rigorous

internal classification of the patients accepted - indeed it would introduce the possibility of large scale geographical expression of the perceived contrast between the promising and the unimprovable. If the latter could be deflected to Langdon, Starcross itself might yet retain some semblance of what tended to be seen as its former glory. In this sense the support for Langdon was by no means a reversal of previous trends. Rather it represented continued intransigence. Outright defiance of social pressures had quickly proved self-defeating, but these forces might still be accommodated by providing a colony over which Starcross would have a measure of control, while devoting its main effort towards a reversion to the old regime at the main site. Indeed, pending the approval of the colony, temporary villas were erected on the Langdon site during the 1930's, and used to house epileptics, who were still seen as the most problematical cases to deal with. These "temporary" buildings were still there in the 1960's.

This vision for Langdon was never to be; the strategy failed. The social pressures leading to institutionalization were so great as to overwhelm Starcross and negate its best efforts at careful planning. The situation was exacerbated by delays in implementation. Try as it would, Starcross failed to achieve the ready agreement of all parties, and the first phase of Langdon did not open until 1938. It will be instructive to look in more detail at both the social pressures of the inter-war years and the reasons for the delay in the implementation of the Langdon scheme.

The inexorable forces of change ran much deeper than the level of county council policy, making the movement through which they were expressed impossible to withstand. Social attitudes continued to harden throughout the interwar period and the mentally deficient were even more widely perceived as a social and demographic threat. Their numbers were generally believed to be greater than the estimates of the Royal Commission. Cost effective measures for dealing with the problem were widely debated; sterilization was frequently advocated. Between 1920 and 1939 the number of mental defectives under the care and control of the Mental Deficiency Act increased from 12,000 to about 90,000. Even this was regarded by many as the "tip of the iceberg." At the same time there was a tendency towards an increasingly social definition of mental deficiency which was embodied in an amending Act in 1927. Whereas the feeble-minded required only care and protection, imbeciles were defined as those "incapable of managing their own affairs," and idiots as those "unable to guard themselves against common physical dangers." The experts of the day subscribed in general to the hereditary thesis of intellectual capacity, and lent their authority to measures of segregation and control. The dominant voices in Britain were those of Tredgold and Burt. Opinion from the United States, which was often quoted, tended to back up these authorities. A standard textbook in child psychology of the time states bluntly, "The chief cause of feeble-mindedness is hereditary... There is no present cure. The care and control of the feeble-minded consists of education, segregation and sterilization." The focus of the debate in England and Wales during the 1920's was the Wood Committee which reported in 1929. Its estimate of the incidence of mental defect in the population was 8.56 per thousand or 314,000 in England and Wales, more than twice the figure produced by the 1908 Royal Commission. It was not clear whether this represented a real or statistical increase, but in either case it gave cause for concern,

even alarm. The Wood Committee placed its support firmly behind the large institution as a practical and cost effective method of dealing with the problem. Social pressure intensified during the 1930's when it became fashionable to blame the feeble-minded for a variety of social problems, especially inner city slums. Sterilisation and segregation were invariably the solutions popularly advocated. Official policy toyed with the former, but never embraced it. The latter won broad official acceptance.

How did Starcross, and in particular its Superintendent, view such issues? The Annual Reports for 1929-30, 1930-31, and 1932-33 present the view of Capt. Mayer in considerable detail, and provide an excellent view of the philosophy under which the institution operated. Mayer saw the role of the institution as threefold:

1. It must provide special education and training for the purpose of returning as many defectives as possible to the community at large.
2. It must provide permanent segregation for those incapable of developing the social qualifications necessary for life outside.
3. It must cooperate with local authorities and social workers to make the best use of community care and to increase and extend training and care in the community.

In keeping with this relatively liberal view of the role of the institution, Mayer was greatly opposed to sterilization. He gave evidence to the Departmental Committee on Sterilization in March 1933 in which he dismissed the idea. He attacked it not on moral grounds but on those practical considerations which would be more likely to influence the Committee. First he dismissed the idea that sterilization would allow larger numbers of patients to be allowed out on licence, thereby relieving the pressures on institutional accommodation. An insignificant number of pregnancies had occurred as a result of licensing, and any problems with the system tended to arise from lack of employer supervision in the workplace rather than sexual misbehaviour. He advocated the establishment of hostels to alleviate this problem. Secondly he rejected the notion that one might circumvent the moral problem of sterilization by requiring the patient's consent. He doubted whether much weight could be attached to the responses of individuals on the question.

Mayer's evidence before the Committee throws additional light on his view on the progressive treatment of educable defectives. He favoured a sequence of environments which would allow the graduation of suitable individuals through the system. Beginning in the institution, they should be prepared selectively for placement in hostels such as the one already established at Dix's Field. Having proved their reliability they should be allowed out on licence, and eventually, where this was successful, restored fully to a free life in the community.

This is indeed a progressive view, and it extended to those who in increasing numbers were being certified through the criminal courts.

Young persons previously unrecognised as defectives have been admitted who were charged with petty thieving, indecency, immorality and common assault and who undoubtedly need treatment for the primary condition of mental deficiency if they are to be socially and morally rehabilitated. They have not been sent to us for punishment.

Capt. Mayer's public record was always one of optimism. In an address to the Devon Voluntary Association for Mental Welfare in 1934 he took up the formerly popular theme of the institution as a running stream not a stagnant pond, and spoke of making a social success out of each individual, as ability allowed. The institution should emphasize the "development of personality in relation to social environment." He quoted Dr Portens of the Vineland Training Institute in New Jersey on the importance of instilling an earning capacity, a sense of judgement, and control of anti-social instincts so as to enhance social fitness. This the institution was well equipped to do, as it provided the environment for a 24-hour a day routine of kind but firm regulation of behaviour. Yet privately Capt. Mayer may always have doubted the ability of the institution to alter behaviour in the majority of cases. There exists one clear indication that the acceptance of the power of local authorities was borne of necessary tactical considerations rather than any deep-seated convictions. In the Annual Report of 1935-36 he wrote:

In recent years the grade of patient admitted has deteriorated by reason of the pressure of Local Authorities and the necessity for dealing with difficult adult defectives. It would have been impracticable during the past 10 years to refuse admission to those adult medium and low grade defectives for whom the extensions are more particularly intended, but as the effect has been to seriously upset methods of classification, such action would have been justified.

The delays to the Langdon scheme undermined the Starcross attempt to have its cake and eat it - to take "all grades," but retain the main buildings for the instruction of "improvable cases." Because of the delay, Starcross had to pay what it felt was a high price in overcrowding, and the mixing of people with different levels of ability, so that its training and educational programmes suffered severe dislocation and disruption.

The frustration over delays in approving the Langdon Scheme are not surprising, since following the initial agreement with the Board of Control in 1925, negotiations dragged on for a full decade. A draft agreement worked out in 1929 satisfied all parties except the Devon County Council. It involved the creation of facilities for 530 beds to be built with money from the local authorities, with some help from Starcross, together with the allocation of 410 existing beds at Starcross with no capital charge to the authorities. Control over the institution would be exercised by a joint committee of eleven representatives from local authorities and ten from Starcross. The deeds of all of the Starcross and Langdon properties would be transferred to the local authorities. Charges to the authorities were specified, further agreements on additional beds were allowed for, and local authorities were to have the right to examine the accounts of the institution at any time. These were regarded at Starcross as terms highly favourable to the authorities, and there was considerable frustration over the delay caused by the Devon County Council, especially since the County Mental Deficiency Committee had given its wholehearted approval.

Further concessions were made in 1931, but Devon still refused to approve the allocation of its share of the money, professing concern over the adequacy of the water supply at Langdon. The County Council was also attempting to assess the impact of

the 1929 Local Government Act under which it, like the other county councils and county borough councils, had assumed responsibility for the functions of the Poor Law authorities. Devon seemed to be favouring a policy which would use the former workhouses, which it had now acquired, to house mental defectives. Stercross therefore put forward an alternative plan for Langdon which would provide 330 beds in the initial stages in cooperation with the other authorities involved, allowing later expansion should Devon eventually join.

At last in 1933 a breakthrough occurred when, after innumerable meetings, Devon, Somerset, Dorset, Exeter, Plymouth and the institution itself all agreed in principle on an initial scheme for 320 beds at Langdon. But it was not until 1935 that complete agreement was achieved on the buildings and facilities, and above all on the composition of the new Management Committee. This was agreed on 17th January, 1935 giving the local authorities majority representation, as follows:

Devon County Council	5
Somerset County Council	2
Exeter City Council	1
Dorset County Council	1
Plymouth City Council	4
Cornwall County Council	1
Western Counties Institution	11
TOTAL	25

The foundation stones of the Langdon administration block were laid in June 1936. Construction also proceeded on six villas to accommodate the 320 patients, together with a small hospital, a nurses' home, three staff houses and a workshop. The opening ceremony took place at last in May, 1938. The address was given by Sir Lawrence Brock, the Chairman of the Board of Control. In his speech, which was widely reported in the press, Sir Lawrence spoke of the need to confine mental defectives because they were at best a social nuisance, and at worst a threat. They were not put away, he pointed out, because of educational failure, but because they were socially unadaptable - they could not fit into our very highly organized modern world. Echoing a familiar theme of the 1930's Sir Lawrence declared that mental defectives "did a great deal to create slums." Slum areas were not produced by bad planning but were a product of "slum mentality." Mental defectives were just as capable of turning new houses into slums as old ones. Thus did the prevailing official attitude towards mental defectives receive expression in the opening ceremonies. It is difficult to imagine a more fitting opening speech for Langdon, nor a clearer expression of the values of the age which produced it. By the time Langdon opened however, these increasingly social definitions of mental handicap had produced a huge demand for places at institutions all over the country. It was already clear that the first phase of Langdon - some 320 beds - was hopelessly inadequate to meet such demands. The first patients had hardly settled in before the Management Committee were considering a proposal to move the education cases and more able mental deficiency cases to

Langdon, thereby leaving the larger facility at Starcross free to reduce the backlog of the rank and file mental deficiency cases. This total reversal of policy is indicative both of the mounting scale of the crisis and the inability of Starcross to control it. In less than 25 years the institution had been transformed from an autonomous training facility into a diverse institution subject to the demands of local politics and fully dependent upon broader changes in social attitudes, to which it could only react.

Developments since 1938

Much of the philosophy of the National Health Services Act of 1946 was anticipated in measures taken at Starcross in 1938, so that the War years are more conveniently discussed in this chapter rather than at the end of the preceding one. If the opening of Langdon marked the effective dominance of a custodial model of care, a management restructuring undertaken almost at the same time ensured that it would also coincide with the imposition of a medical model. It was decided that on the retirement of Captain Mayer the positions of Superintendent and Medical Officer would be merged. In anticipation of this, L. W. Hedger became secretary and accountant, and Dr David Prentice was brought from the Leicestershire and Rutland Mental Hospital at Narborough on 18th January, 1938, to be Medical Officer, and to act as Superintendent during Captain Mayer's absence. Dr Prentice was to serve Starcross for the next 30 years, with one brief interruption during the War.

The War years brought great difficulties, especially in the area of staffing. Late in 1939 a set of unspecified problems with the Matron led to her being forced to resign because of her "inadequacy" and her part in "creating a bad atmosphere." Many staff were called up to war service; by 1942 even David Prentice was required by the army as a psychiatrist. A proposal came from the army in 1940 to create a psycho-neurotic unit at Langdon to cater for 600 men. The Managing Committee successfully prevented this by offering to take 200 patients from Sandhill to create space for this purpose at what they argued was a more suitable facility. The Exeter hostel suffered bomb damage in 1942, and Starcross also received some patients bombed out of a small institution in Plymouth. Such incidents contributed to the already intense pressure on space. In 1946, by which time overcrowding had reached the 20 per cent mark, the

Medical Superintendent reported, "it is a matter of grave concern that the reception of educable children has been prevented by the urgency of admitting patients whose social misconduct has resulted in a Court directive." Overcrowding, staff shortages and the presence of anti-social patients combined to create a number of problems. A series of incidents involving high grade girls who had absconded from Elm Court brought severe criticisms from the Board of Control.

Yet the institution continued to plan for the future. In 1944 a special committee was struck to determine its postwar role. It made several recommendations, including the re-location of the Residential Special School, closer cooperation with Devon County Council, application to the General Nursing Council for recognition as a training institution, and top priority for the extension of Langdon by 230 beds. Some of these recommendations were acted upon almost immediately. A potential site was found in Dawlish for the Special School, but was strongly opposed by the local council which argued that the presence of a branch of a "mental hospital" would discourage tourism. The search continued, and in 1946 Withycombe House and 30 acres of land near Exmouth were purchased, and the girls' department was transferred to what became known as the Withycombe School.

The institution emerged from the exigencies of the War in a mood to welcome comprehensive legislation. Feeling overwhelmed and isolated, its Management looked forward to participating in a mental handicap service fully integrated with a newly created national system of health care. They could not foresee that mental handicap would enter the NHS as one of its very lowest priorities and that the problems of patient overload and chronic underfunding would continue as before.

The newly constituted Hospital Management Committee met for the first time on 8th June, 1948, although it did not officially assume office until the following month. The Minutes record that the chairman emphasised that voluntary service had not been killed by the Act; it had been expanded and universalised by it. Committee members were not present as delegates, but represented the interests of the patients, and would proceed with the re-organisation in the best interests of those patients. On 5th July the Committee assumed responsibility for the following establishments and patients:

	<u>In Residence</u>	<u>On Licence</u>	<u>Total</u>
RWCI and ancillary premises (including Langdon)	1406	277	1683
Stoke Lyne, Exmouth	48	4	52
Western Lodge	106	41	147
Box House (later St. Mary's)	151	30	181
Franklyn	73	7	80
Retreat (St. Columb Major)	111	-	111
Boys' Home (unoccupied)	-	-	-
Elizabeth Barclay House (Bodmin)	26	-	26
	1921	359	2280

Private patients (of which there were 12 in the RWCI on 5th July) became NHS patients, and relatives were informed that no further fees were payable. Not long after the absorption into the NHS, the word "institution" was dropped and the title of the group of establishments headquartered at Starcross became The Royal Western Counties Hospital Group. The Management Committee spawned an impressive range of sub-committees, including the General Purposes Sub-committee (Special Powers), the Finance Sub-committee, the Building Maintenance Sub-committee, the Staff Appointments Sub-committee and four main House Committees. While the Management structure was sound, inadequate central government funding provided little scope for the correction of old problems. Shortages of staff, especially nurses, were severe. Operating costs escalated; during the War years they had been held in check, rising from 26s 2d per patient per week in 1938-9 to 31s 2d in 1944-5. By 1951-2, however, they had soared to an average of 70s 6d. The pressures took their toll - lack of stimulation (and in many cases of any real personal attention) for patients, custodial duties rather than active intervention by overworked and underpaid staff. In June 1951 allegations were made of mistreatment of female patients at the Home of the Good Shepherd. The Ministry of Health and the National Society for the Prevention of Cruelty to Children became involved. After a lengthy enquiry the allegations were upheld, resulting in the transfer of staff and of the high grade patients who had aided them in running the Home.

The 1950's saw the relentless imposition of a medical model, a process which carried over into the following decade. Had this been accompanied by levels of funding and staff support commensurate with those available in the acute care hospitals of the NHS, this might have brought some improvement over prewar conditions. In the circumstances, however, no such improvement was possible, and the Hospital Group became inward looking and cut-off from other sections of the public service. In 1952



Overcrowding in the north ward at Starcross, 1964

the Courtenay School (which continued to be operated by unqualified staff for a few boys at Starcross) ceased to be a Residential Special School under the Education Act, and was retained only on an internal basis. In 1967 it left for new premises at Stoke Lyne. In 1954 the Minister of Health declared

that he had no authority to operate farms unless they provided for the seclusion of patients, and instructed the Committee to work with the Regional Hospital Board in disposing of those which could not be justified. The Regional Board cooperated in making a case for most of the 515 acres owned by the Group, and only 55 acres were sold in the first instance. But in 1956 the Committee were obliged to dispose of a further 121 acres. Retention of the main holdings at Langdon and Botchell could be justified on the basis of need for essential training, but Witcombe Farm was given up. In July, 1963 a further 153 acres of Botchell Farm were sold by auction. Craft activities, another area of activity close to the heart of the old Asylum, came to be regarded as outdated. In his annual report of 1956-7 the Medical Superintendent expressed the view that such activities were of limited value, and too much emphasis had been placed upon them in the past. "It would be wrong to judge the quality of training at a hospital by the excellence and variety of goods produced and exhibited. Any hospital whose chief end product is an exhibition for display or sale of work is not fulfilling its true function." The passing of the old order is demonstrated here, not so much in the opinion itself as in the way in which it characterizes the past. Yet the trades departments hung on until renovations in the North Block displaced them in 1963-4, when the workshops which had been so important in a former age were gutted. Even occupational therapy disappeared entirely from the Starcross site at this time, but was revived in 1967.

Concern over the type of patient whom the Hospital Group was being required to accommodate increased throughout the 1950's. The Annual Report of 1954-5 notes a huge demand for places for elderly, physically handicapped and low grade cases. It was estimated that 80 per cent of the waiting list was made up of low grade patients. Lower priority had to be given to high and medium grade cases, and to female patients whose social need for entry was often regarded as less pressing. Such shifts in patient intake were said to "impose demands on premises not originally designed to meet such needs and add to the committee's long term difficulties." Worse still, there was a growing number of "troublesome patients," almost exclusively males, who exhibited anti-social behaviour and regularly absconded, occasionally committing serious offences. One was arrested on a murder charge. The feeling was that the Hospital could not cater for such patients:

Defective delinquents contribute but a small minority of the mentally defective yet they have proved vastly more troublesome in the community and in institutions than all of the rest. They are defiant, abusive, destructive and incorrigible. They feel they are unjustly confined, often attack those who are responsible for their care and resent efforts to occupy, amuse or entertain them. The demoralising example they set could permeate the whole institution and they should have specialised treatment from the outset.

One bright spot during the 1950's was the new flexibility provided by the Group Management structure. This, it was claimed, greatly increased the ease with which "frequent transfers of patients in the group can be effected to secure the best training and classification for the patient." With greater resources, this process might have been more effective. But money and staff became, if any thing, even more scarce. A

staff recruiting campaign in 1954 was evaluated bleakly as "unsuccessful," its failure blamed upon poor amenities and low remuneration which made competition with other sectors of the job market all but impossible. Meanwhile weekly costs per patient continued to rise, reaching £7 by the end of the decade. The only hope for the future lay in legislative change at the national level.

Throughout the last half of the 1950's national policy on mental handicap was under review. The resulting Mental Health Act of 1959 is often regarded as only a modest step forward, and it certainly left much to be desired in the way of mechanisms for implementation. But it did mark the beginning of a much needed shift in government attitudes towards mental handicap. It abolished the Board of Control, and indeed all Lunacy Acts between 1890 and 1930. Mental deficiency remained firmly under a medical model, but it was partly extricated from the legal stranglehold which had come to envelope it. With the exception of "retarded persons with psychopathic tendencies" it sought to end the compulsory segregation which had been the norm since 1914. Admissions and discharges were to be governed by the hospital groups. Patients who had been out on licence for more than 6 months were discharged, and encouragement was given to the idea of informal and short stay patients.

Locally, developments during the 1960's showed signs of some improvement. The physical plant was improved at all sites in the Hospital Group. The Committee reported that at Langdon, "the communal life of this large hospital has been pathetically restricted; facilities for occupational therapy, entertainment, shopping and Religious Services are quite inadequate." In addition to a new villa, the Regional Hospital Board was prevailed upon to finance the building of an assembly hall at Langdon at a cost of about £40,000. A pharmacy block and four self-contained flats for nurses were also built, and 12 semi-detached houses were purchased for nurses in Dawlish. The North Block of the old building at Starcross was completely renovated in 1964-5, and work done progressively on other parts of the site. At about the same time the Womens Voluntary Service opened and staffed a new canteen designed to enhance services to staff and decrease the isolation of the Hospital from the surrounding community. The traditional rigid separation of the sexes among the patients was relaxed on occasion, and the Elizabeth Barclay Home was opened to elderly patients, both male and female.

But while living conditions ameliorated a little during the 1960's, no fundamental problems were solved. The records continue to spell out a discouraging story of overcrowding, rising costs and staff shortages. In 1964-5 the weekly per patient cost rose to £10-8-7d., which placed it above the national average for the first time ever, a tremendous contrast with the days when Earlswood and the Royal Albert used to request tips from Starcross on how to achieve economies. Overcrowding was particularly intense during the remodelling of the buildings when adults and children of all levels of handicap were cheek-by-jowl in the remaining wards and dayrooms. The situation eased a little after 1965. The staff situation improved slightly, partly because of increased use of non-medical staff as domestic assistants and partly because of the provision of acceptable staff housing. But the overall situation remained very tight. The Chairman reported that the year 1967-8 was the most difficult since the War for management and finance. He cited several national problems (a seamen's strike, the

devaluation of sterling and the selective employment tax) as major contributors to the tight budgetary situation, on top of which there was an epidemic of foot and mouth disease on the nation's farms, which caused considerable disruption in the rural economy. In such a context, mental handicap issues had a low priority, both nationally and locally.

The Transformation of Policy

We have brought the history of Starcross into an era which is still recalled vividly by many who currently work in the mental handicap sector. For several of them these are the "bad old days" of the unquestioned hospital model, repressive in tone and totally bankrupt of new ideas. It was now that Pauline Morris's well-known study *Put Away* documented in detail the dilapidated buildings, confused treatment objectives, and shortages of nursing staff. It also described an all-pervading isolation, including not only the geographical separation of the hospitals from populated areas, but also social remoteness from the community. Even more significant, it found a bureaucratic and professional isolation with little cross fertilization of ideas among various professional groups. At about the same time the Social Services Minister, Richard Crossman saw to it that the Howe Report on Ely Hospital, Cardiff was published in full, and earmarked funds for expenditure in the mental handicap sector, which was temporarily raised from its status as the "quiet backwater" of the health service. The ensuing White Paper of 1971 espoused the principle of normalization, at least in part, and formed the basis of modern mental handicap policy in England and Wales. The major transformation of policy can be regarded as the period beginning in 1969 when the Howe Report and *Put Away* appeared, and stretching to 1974 after which mental handicap services were significantly affected by the priorities of a newly organized health service. Implementation, it is generally agreed, has been much slower.

It would require a separate volume to document adequately the response of the Royal Western Counties Hospital Group and its successors to the policy trends since 1968, and to the initiatives taken by the Exeter Health Authority since 1982. It would also require different techniques from those employed here - personal interviews with the major participants, for example - and access to materials which are more current than "historical." Because of this the last 20 years of the life of Starcross can only be outlined in brief. It is, however, important to do some justice to the period up to 1974 since this was a time of fundamental change, which laid the foundation for subsequent programmes of de-institutionalization, and the eventual closure of Starcross.

The period identified here as one of "transformation" in the national mental handicap sector (1969-74) was reflected locally in the final 6 years of the operation of the Royal Western Counties Hospital Group. The Management of the Hospital Group was streamlined in 1969 by the merging of several sub-committees. Steps were taken to reduce overcrowding; patient levels were progressively reduced and by 1973 were below 1400. At the same time staffing levels were increased substantially, especially in the nursing profession, and a net increase took place of over 200 staff members:

Staff	Whole time equivalents	
	1967	1973
Medical and Dental	4.5	8.5
Nurses	393.5	524
Building/Engineering	52	56
Admin/Clerical	48	59
Professional/Technical	23.75	48.25
Domestic	55	96.5
Catering	65	89.25
Laundry	19.5	17.5
Farm and Garden	15	13
Stokers	15	2
Grounds	64	4
Other	68.5	51.75
TOTAL	762.75	969.75

Structural improvements were made at all sites, and only a few can be mentioned. A new ward, the Prentice Unit, was built at Langdon in 1968, being designed to provide a domestic environment for patients with behaviour disorders. Renovations at the main block of Starcross "finally broke down the warren of patient accommodation with well defined and modernised Ward Units," and replaced the old patients' dining hall. All of the boilers were converted from solid fuel to oil or gas (hence the drastic reduction in the number of stokers shown in the above table). Therapeutic swimming pools were opened at Stoke Lyne in 1970 and at Langdon in 1972. An adventure playground was designed and built by two Exeter College of Art students at Stoke Lyne. Pre-fabricated buildings were erected at Langdon and Starcross to create new wards and reduce pressure on the older buildings, and others were opened at four sites to house occupational therapy units.

The educational responsibilities of the Hospital were transferred to the education authorities in 1971. The Devon Education Authority provided teachers for the children at Langdon, and the Courtenay School at Stoke Lyne became a Day Special School. At Franklyn the teachers were provided by the Exeter authority. Voluntary work expanded rapidly and encompassed a wide variety of projects designed to improve the patients' quality of life and to facilitate contact with the community. Contact was established with local schools; a liaison was established between elderly patients and a local "over 60's club"; police cadets acted as voluntary workers for one day per week; reciprocal visits of various kinds were arranged. Clearly there had been by 1974 a fundamental shift in attitudes on both sides of the Hospital wall.

Inside the Hospital, great changes occurred in the daily lives of both patients and staff. The traditional nurse's uniform was dispensed with by 1974 "in order that staff shall not appear to the patients as custodial," each nurse being issued with sets of ordinary clothing. Patients' clothing too was transformed. It had traditionally been institutional in nature, with the exception perhaps of a best suit for special occasions,

but by 1974 personal clothing had become the norm. The practice of using "working boys and girls," mildly handicapped patients who helped the staff with domestic chores, was discontinued. Communication between patients and the outside world was enhanced by a freer flow of personal mail and by more liberal social visiting.

Perhaps the most significant initiative of these years was an attempt to foster an integrated programme of planned care known as the "Devon Experiment." The main aim of the programme was to develop coordination between the Hospital and the local authority, largely through the mechanism of a Joint Working Party under the chairman of the Hospital Management Committee. The programme was wide ranging and encompassed referral procedures, assessment and counselling systems, joint in-service training programmes, joint use of support services (e.g. home help and family support) and so on. The Devon Experiment also succeeded in establishing mechanisms for the transfer of long stay hospital patients back into the community. Like so much else, its work was hampered by inadequate funding, but it laid the foundation for later programmes.

Under the reorganised health service from 1974 to 1982 the Royal Western Counties Group became the Mental Handicap Sector of the Exeter Health Care district, part of the Devon Area Health Authority. The Sector was responsible for some 1,200 hospital patients, of whom 446 were at the Starcross site. During the late 1970's admissions were scaled down considerably and, together with some success in the development of community housing, this resulted in a gradual decline in patient numbers. Four wards were closed between 1977 and 1982 bringing patient levels below 300.



Demolition of Starcross during the winter 1986-87

A further reorganization of the health service in 1982 removed the Area tier of the administrative hierarchy. Meanwhile central government policy was directed towards the removal of financial, administrative and legal obstacles to the creation of "care in the community." The inefficiency of developing community housing at the same time as maintaining large institutions had long been recognized. When Starcross came under the direct control of the Exeter Health Authority in 1982 a closure plan was developed and a target date set for mid 1986.

The implementation of such a rapid closure programme was made possible by dividing up responsibility for patients among the local authorities in the region (Radford and Phillips, 1985). For patients with family this process was relatively easy, but many had been institutionalized for so long that they had no ties outside the Hospital. The needs of each patient were assessed individually, but there was no way of avoiding patient shifts from ward to ward as the progressive closure process was implemented. Some patients were re-housed in smaller institutions pending the arrangement of satisfactory community housing within the various jurisdictions.

Elm Court was shut in 1983. Four other wards were closed in 1984 reducing the total number of patients to only 108 by the end of that year. The four remaining wards (Exmouth, Powderham, Torbay and Bude) had closed by mid 1986, leaving the main building an empty shell. By the spring of 1987 all traces of the institution had been demolished and housing construction was well under way on the site. Langdon and other outliers remained in operation, but faced an uncertain future.

Conclusions

*T*he decisions taken on Starcross by the Exeter Health Authority between 1982 and 1986 brought the institutionalisation/de-institutionalisation cycle to a rapid completion. What assessment can now be offered of the institution's role between 1864 and 1986, a period of continuous social change in the outside world?

It was pointed out early in this study that the history of the institution could be divided into three eras, separated by major legislation. Our investigation suggests that the second legislative divide, the National Health Services Act of 1946, had less impact than might be expected. The priorities of the new Health Service were elsewhere, so that Starcross, in common one suspects with similar establishments all over the country, was left in a backwater where pre-existing trends were perpetuated. Thus it is the 1913 Act which emerges as the major watershed. It was this Act which, after the hiatus of the War, brought about the gradual removal of the institution's autonomy. Up to 1914, struggling at first but then with increasing success, Starcross created a coherent philosophy and carved out a niche in what would today be called "special education." After the Mental Deficiency Act its philosophy was overwhelmed and its old identity was eroded. Its new role was to react to changing national priorities. Perhaps only in the act of voting itself out of existence could it be said to have reached beyond national trends, though not beyond declared national policy.

How closely does the history of this institution match the international trends outlined in Chapter 3, and how closely did it conform to the framework provided by Harvey Simmons? There are some clear parallels but also certain deviations. The first and fourth stages are clearly marked: Starcross began as an educational establishment

and later became a custodial one. There appear to be two major deviations from the framework: the timing was different, and the two intermediate stages were less clearly defined.

Starcross was founded on an educational model, using teaching practices based upon Seguin's physiological method. When the available pool of mentally handicapped children failed to respond as readily as had been hoped to its efforts at education, the establishment went through the same kind of re-evaluation in the 1870s which has been noted elsewhere (Simmons, 1983; Tyor and Bell, 1984). But instead of adopting an "asylum philosophy," it adjusted in a way which allowed a re-intensification of its programme. This involved widening its catchment area, drawing off the most promising applicants from Poor Law districts all over England. The freedom provided by the Idiots Act of 1886 allowed those pupils to be admitted who could best respond to the flourishing trade and education programmes which became the core of the Asylum.

It was the Mental Deficiency Act of 1913 which undermined this process, by involving local government in a comprehensive programme of control. During the interwar years a mixture of philosophies co-existed as the institution sought to re-define its role. Capt. Mayer's view of the function of such institutions, as he articulated them in 1929-33, encompassed the educational, asylum and custodial philosophies. By the mid 1930's it was evident that the education role was fast disappearing, to be largely replaced by a custodial approach. This was confirmed in 1938 with the superimposition of a medical model whose grip was strengthened in 1948 and was only relaxed in 1968-1974 under the influence of a national swing towards acceptance in principle of normalisation. No single philosophy ever monopolised the institution's role. At any one time a particular model would predominate, but others could be discovered beneath the surface either advancing or retreating. This is the essence of Simmons' notion of the policy palimpsest, and entirely appropriate to our understanding of the history of Starcross.

Whether the post-1914 transformation is to be regarded as the destruction of a fine tradition or as a response to a set of much-needed reforms depends on one's own perspective. The erosion of the Starcross moral order with its firm regimen and enthusiastic training programmes may be viewed with sadness. Yet it must be admitted that with its exclusive admissions policy pre-1914 Starcross had made little impact on the large numbers of mentally handicapped people who might have benefitted from its services. Who can tell what specific diagnoses might be represented among the children of Starcross in 1903-1914? We know that the physically handicapped and severely mentally handicapped were excluded. So-called Mongoloids (Downs syndrome cases) were sometimes cited as among the most difficult to deal with, yet many today are regarded as mildly to moderately handicapped. Many of the children at Starcross during the early years of this century might today be called "learning disabled." The 1913 Act forced Starcross to define a role within a much less elitist programme. Had this programme been designed to provide more wide-ranging services to the greatly increased clientele which it defined, we could only applaud it. Since, on the contrary, it was motivated by fear, and fueled by the forces of repression, it is difficult to see the resulting transformation of the institution as in any way an

improvement.

However this may be, it is certain that the transformation was fundamental. The custodial institution of the 1950's had little in common with the educational establishment of 1914. Management, organization, philosophy, clientele, staff - all had changed beyond recognition, and the title of the institution was altered regularly throughout its history. The only continuity was the site and the buildings overlooking the Exe estuary. In 1986 these too were sold, ending 122 years during which Starcross acted as a microcosm of society's attitudes towards people with mental handicaps.

The phenomenon of the asylum represents one response to society's perception of mental handicap. Despite its importance it remains a virtual *terra incognita* both for the academic world and in society at large. If we are ever to gain a comprehensive understanding of the asylum era we must delve more deeply into its artifacts, and go further than existing generalizations allow. Equally, while the capacity of local peculiarities to enrich our understanding should not be minimized, we need to look beyond a strictly idiographic approach. This study has explored the asylum era at several levels of generalization, in an attempt to show the extent to which a particular set of local responses reflected broader ideologies of mental handicap and changes in legislation. The need now is for similar studies from which the basis of a truly comparative literature on the mental handicap asylum might eventually emerge.

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